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KHN Morning Briefing

KAISER HEALTH NEWS

Friday, March 24, 2017
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From Kaiser Health News:

1. Late Move To Dump 'Essential' Benefits Could Strand Chronically Ill

Republicans seek lower cost and more choice for health insurance sold to individuals, but cutting coverage standards could leave fewer comprehensive plans, analysts say. (Jay Hancock, 3/24)

2. Popular Guarantee For Young Adults' Coverage May Be Health Law's Achilles' Heel

Republicans and Democrats don't agree on much these days, but both parties want to keep the health law's provision to allow adults to stay on their parents' plan until age 26. But that could be hurting the marketplace's insurance pools. (Carmen Heredia Rodriguez, 3/24)

3. Political Cartoon: 'Holding The Bag?'

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Holding The Bag?'" by Lisa Benson.

Here's today's health policy haiku:

HEALTH PLAN VOTE HIGHLIGHTS GOP'S CHALLENGES

Fissures and factions...
Taking control did not end
Intra-party strife.

- Anonymous

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

Summaries Of The News:

CAPITOL HILL WATCH

4. The Trump Ultimatum: House Must Vote Friday On GOP Health Plan

After days of negotiations, President Donald Trump sent a message to Capitol Hill: It's do or die. If the measure fails, he plans to pivot away from the repeal-and-replace effort and move on to his other legislative priorities.

The New York Times: Trump Tells G.O.P. It's Now Or Never, Demanding House Vote On Health Bill
President Trump issued an ultimatum on Thursday to recalcitrant Republicans to fall in line behind a broad health insurance overhaul or see their opportunity to repeal the Affordable Care Act vanish, demanding a Friday vote on a bill that appeared to lack a majority to pass. (Hirschfeld Davis, Pear and Kaplan, 3/23)

The Washington Post: Trump Delivers Ultimatum To House Republicans: Pass Health-Care Measure On Friday Or He'll Move On
For Trump, who campaigned as a skilled negotiator capable of forging a good deal on behalf of Americans, it could either vindicate or undercut one of his signature claims. If the measure fails, it would be a defeat for Trump in his first effort to help pass major legislation and it may also jeopardize other items on his wish list, including a tax overhaul and infrastructure spending. Defeat would also mean that Obamacare — something that congressional Republicans have railed against for seven years — would remain in place. (DeBonis and Eilperin, 3/23)

Bloomberg: House GOP Plans Friday Health Bill Vote After Trump Pressure
House Republican leaders expect to vote Friday on their embattled health-care bill, moving on the legislation under pressure by Trump administration officials who voiced urgency during a closed-door meeting on the Capitol with conservative holdouts...The chamber plans to vote on a revised version of the health-care bill that includes a provision that conservatives negotiated with senior White House officials to remove

Obamacare's requirements that certain essential benefits be covered by insurance, according to several lawmakers and aides. (Kapur, House and Dopp, 3/23)

Politico: Trump Demands Friday Vote On Health Care Plan
The move by Trump and Ryan is an enormous gamble, setting up a real cliffhanger when the legislation hits the floor on Friday. ... A loss on the House floor would be a glaring embarrassment for the new president and House speaker — one that could undermine other parts of the GOP legislative agenda, including tax reform. A victory, on the other hand, would provide not just a shot of badly-needed momentum for both men, but undermine the House Freedom Caucus, the group of conservative hard-liners who've fought the GOP health care plan because it doesn't go far enough. (Bade, Cheney and Dawsey, 3/23)

The Wall Street Journal: Trump Says If Vote On Health-Care Bill Fails, Obamacare Stays
The decision to bring the bill to the floor appeared to put an end to days of negotiations, amounting to a calculation that lawmakers would view the vote as a do-or-die moment and opt to follow through on campaign promises to replace former President Barack Obama's signature legislation with a more conservative alternative. (Peterson, Hughes and Radnofsky, 3/24)

NPR: Trump Ultimatum For House GOP: Vote On Health Bill Or Obamacare Stands
Trump, famous for his deal-making abilities, has tried to woo both unhappy factions of the GOP conference with little success. No consensus was reached during a meeting with the president and the roughly 40 members of the House Freedom Caucus at the White House earlier Thursday. Vice President Pence met with the maybe two dozen moderates in the so-called Tuesday Group, many of whom are also opposed to the bill. (Montanaro and Taylor, 3/23)

The Hill: Trump Threatens To Leave ObamaCare In Place If Repeal Bill Fails
If the vote fails, Trump will move on to other priorities and ObamaCare will stay as the law of the land, Mulvaney said. The developments set up a likely vote on the measure Friday afternoon. Dozens of Republicans have vowed to oppose the bill, putting them into a direct confrontation with their president. With all of the House's Democrats expected to vote against the bill, the GOP can only afford 22 defections. (Wong, 3/23)

Los Angeles Times: Trump Threatens To Leave Obamacare In Place If GOP Bill Fails
"The message is tomorrow it's up, it's down — we expect it to be up — but it's done tomorrow," Mulvaney said Thursday night. It remained unclear whether Trump's extraordinary ultimatum was real or a pressure tactic designed to bring unruly Republicans in line. Despite personal appeals from the president and a flurry of last-minute negotiations with House Speaker Paul D. Ryan (R-Wis.), wary GOP lawmakers remained unconvinced, leaving leaders shy of the votes needed to advance the legislation. (Mascaro and Levey, 3/23)

The Hill: The Hill's Whip List: 34 GOP 'No' Votes On ObamaCare Repeal Plan
House GOP leaders on Thursday delayed a vote on legislation to repeal and replace ObamaCare as they scrambled to win enough votes to pass the measure. House Republicans had planned to vote on the bill on Thursday's seventh anniversary of ObamaCare becoming law. But GOP leaders appeared to be short of the 215 votes they needed. (3/8)

San Francisco Chronicle: Trump Delivers Ultimatum In Move To Pass Health Care Bill
Trump's move was an astonishing use of power wielded at precisely the moment he appeared weakest. Amid a day of turmoil and frenzied meetings at the White House and the Capitol, the legislation, called the American Health Care Act, was on the brink of collapse. Republicans were dozens of votes short, having timed the repeal for the seventh anniversary of the day the Affordable Care Act became law. House Speaker Paul Ryan of Wisconsin had postponed the vote and called a recess, his GOP factions hopelessly divided over their fundamental approach to health care. Trump's risky move sets up a dramatic showdown on the House floor Friday. (Lochhead, 3/23)

Reuters: Trump Demands Support In Do-Or-Die Friday Vote On Healthcare Plan
However, the vote has been seen by financial markets as a crucial test of Trump's ability to work with Congress to deliver on his other priorities, such as tax cuts and infrastructure spending. Even if their replacement plan does eventually get approval from the House, the legislation faces a potentially tough fight in the Republican-controlled Senate. The House and Senate had hoped to deliver a new healthcare bill to Trump by April 8, when Congress is scheduled to begin a two-week spring break. (Cornwell and Becker, 3/24)

5. GOP House Leaders Are On Edge With Health Vote Gamble

The vote -- which was scheduled in response to demands by President Donald Trump -- is dicey for the majority and highlights the continuing factions within the Republican caucus as well as their hesitancy to negotiate and compromise.

The Associated Press: House Sets Risky Health Care Vote After Trump Demands It
In a gamble with monumental political stakes, Republicans set course for a climactic House vote on their health care overhaul after President Donald Trump claimed he was finished negotiating with GOP holdouts and determined to pursue the rest of his agenda, win or lose. House Speaker Paul Ryan set the showdown for Friday, following a nighttime Capitol meeting at which top White House officials told GOP lawmakers that Trump had decided the time for talk was over. (Fram and Alonso-Zaldivar, 3/24)

USA Today: Damn The Torpedoes: GOP Sets Friday Vote On Health Care Despite Opposition
Rep. Chris Collins, R-N.Y., told reporters at the Capitol that Mulvaney's message was: "The president needs this, the president has said he wants a vote tomorrow. If for any reason (it fails) we're just going to move forward with additional parts of his agenda. This is our moment in time but the president is insisting on a vote one way or the other." Collins said the message from the administration — Stephen Bannon, Reince Priebus and Kellyanne Conway also attended the meeting — was that negotiations were over and it was time to act. (Kelly, Collins and Shesgreen, 3/23)

Roll Call: House GOP Heads Into Health Care Vote 'Between A Rock And A Hard Place'
The outcome of Friday's House vote to partially repeal and replace the 2010 health care law is not certain, but one thing is: All parties to the Republican negotiations will walk away with some losses. ... the chips in this case are a group of conservative hardliners and moderate majority-makers (members leadership typically relies on to help pass bills) that have stood in opposition to bill before the latest round of changes. While at least a dozen of those Republicans have said since the final plan was announced Thursday evening that they remain "no" votes, several others appear to be wavering. (McPherson, 3/24)

News outlets note the difficulties GOP leaders have confronted in this week's negotiations are similar to the ones that dogged them during the Obama administration -

The Wall Street Journal: In Health-Law Fight, GOP Leaders Struggle To Reconcile Factions' Needs
After years of making the repeal of the Affordable Care Act a signature issue, Republicans are struggling to deliver on the promise, floundering amid warring factions that neither President Donald Trump nor House Speaker Paul Ryan have been able to whip into line. ... They are confronting a thorny challenge that required two things in short supply among today's Republican rank and file: a willingness to compromise or to defer to leadership. (Hook and Epstein, 3/23)

The Associated Press: New Congress, All-GOP, Same Political Divisions
With control of the White House and Senate and a commanding majority in the House, Republicans were supposed to brush off any challenge from the hardline Freedom Caucus and work their will with impunity. But something happened on the way to governing. Now, House Republican leaders are struggling with the same divisions that plagued them under President Barack Obama. (Ohlemacher, 3/24)

Politico: Trump Vs. The Freedom Caucus
The House Freedom Caucus has threatened to tank the House GOP Obamacare replacement bill unless they get what they want. But Trump is now calling their bluff. White House officials told members of the group on Thursday they have one shot: If they help defeat the American Health Care Act, the Trump administration is going to move on — meaning the Freedom Caucus could be pinned with actually saving Obamacare. The White House is betting that they will cave, given that saving Obamacare is something these conservative Republicans will never be able to stomach. (Bade and Bresnahan, 3/23)

And some tips on how to salvage the repeal-and-replace effort if the bill fails -

Politico: How The GOP Could Still Salvage The Obamacare Repeal
House Republican leaders scrambling to buck up wavering members had portrayed the vote as the only shot to eliminate the GOP's longtime boogeyman — and as an essential show of support for President Donald Trump. But in fact, they have several

options to salvage the repeal effort after they couldn't muster 215 votes. (Cancryn, 3/23)

6. Conservative Republicans Demand That Essential Benefits Coverage Be Dropped

A core piece of Obamacare is the requirement that insurers offer plans that cover basic health services like maternity care, mental health services, prescription drugs and hospital care. Some Republicans seek to lower costs and have more choice for health insurance sold to individuals by rolling back those requirements.

The Wall Street Journal: Basic-Services Requirement Is At Heart Of Health-Insurance Split
At the heart of the last-minute negotiations over the House GOP health-care bill is a pillar of the Affordable Care Act: the requirement that most insurance policies cover a basic set of health services, including such items as maternity and mental-health care. Repealing that requirement, as many conservatives want, would topple a core element of the ACA that sought to protect patients from the high cost of using a health service not covered by their insurance. (Armour, 3/23)

USA Today: Dropping Obamacare's 'Essential' Benefits Impacts More Than Mammograms
Eliminating required health insurance benefits, a move discussed as part of the Republican move to repeal the Affordable Care Act, also threatens to kill the ACA's annual and lifetime limits on patients' costs, which was enacted to prevent bankruptcies due to medical costs. The limits on out of pocket costs only apply to the ACA-required 10 essential health benefits, which include prescription drugs and hospital care. So eliminating the benefit requirement makes the limits "essentially meaningless," says health care legal expert Tim Jost. (O'Donnell, 3/23)

Kaiser Health News: Late Move To Dump 'Essential' Benefits Could Strand Chronically Ill
A last-minute attempt by conservative Republicans to dump standards for health benefits in plans sold to individuals would probably lower the average consumer's upfront insurance costs, such as premiums and deductibles, said experts on both sides of the debate to repeal and replace the Affordable Care Act. But, they add, it will likely

also induce insurers to offer much skimpier plans, potentially excluding the gravely ill, and putting consumers at greater financial risk if they need care. (Hancock, 3/24)

Los Angeles Times: Obamacare 101: 4 Things You Need To Know About 'Essential Health' Benefits
Among the most important — and little understood — new insurance rules put in place by the Affordable Care Act was a requirement that health plans cover a basic set of benefits. The requirement was part of a package of new consumer protections in the healthcare law, including a prohibition on insurers denying coverage to people with preexisting medical conditions and bans on annual- or lifetime-limits on coverage, which were once common. (Levey, 3/23)

NPR: Republican Health Bill Could Remove Pre-Existing Condition Protections
When House Speaker Paul Ryan says he wants to repeal the Affordable Care Act so that people can buy insurance that's right for them, and not something created in Washington, part of what he's saying is that he wants to get rid of so-called essential health benefits. That's a list of 10 general categories of medical care that all insurance policies are required to cover under the Affordable Care Act. Getting rid of that requirement, or trimming it, is central to the Republican strategy, because they say those benefits drive up insurance premiums so much that healthy people won't buy coverage. (Kodjak, 3/23)

Marketplace: Conservatives Want The Government To Stop Mandating What Insurers Must Cover
The latest carrot that House leadership and the White House are using to win conservative Republican votes for the health care bill is repealing an Obamacare provision that standardized insurance policies. Under Obamacare, virtually all insurance policies cover things like hospitalization, mental health, prescription drugs and pregnancies – known as essential health benefits. But guaranteeing those benefits cost money, while doing away with them would drop the price of premiums. (Gorenstein, 3/23)

The Washington Post: 'I Wouldn't Want To Lose My Mammograms,' Male GOP Senator Says — Then Immediately Regrets
It's a common question among those decrying the cost of health insurance: Why should you have to purchase a plan that covers procedures you won't ever need? Especially if,

say, you're a guy, and your plan covers maternity care — as Obamacare requires most plans sold through an exchange to do? It's also a philosophy in conservative circles gaining momentum as Republicans try to deconstruct Obamacare, (Phillips, 3/23)

Bloomberg: Pharma Gets Roped Into The Trumpcare Maelstrom
As President Donald Trump and congressional Republicans scramble to save their troubled attempt to repeal and replace the Affordable Care Act, they are considering last-second changes -- including one that could add Big Pharma to the list of those damaged by the bill. This would further immiserate an industry already dogged by the president's repeated drug-pricing broadsides. To win conservative support, the White House has reportedly offered to repeal the ACA's requirement that insurers cover a list of what it calls essential health benefits, including hospitalization, maternity -- and prescription drugs. (Nisen, 3/23)

7. Health Bill Would Cut Medicaid, Which Candidate Trump Said He Would Not To Do

The GOP measure would cut Medicaid spending by hundreds of billions of dollars over 10 years. News outlets also round up the other areas of health care that would be touched if the proposal becomes law.

Stat: Trump Pledged Not To Cut Medicaid. Is He Keeping That Promise?
It's among his most famous campaign promises: Donald Trump pledged he would not cut Medicaid as president. But the legislation that Trump has aggressively promoted, and that Congress is expected to vote on ... appears to do exactly that. It would reduce Medicaid spending by hundreds of billions of dollars over 10 years, compared with current law, while dramatically altering the financing of a program that covers 70 million Americans.The White House, however, says it is not "cutting" Medicaid. (Scott, 3/23)

The Wall Street Journal: How Health-Care Coverage Would Change Under GOP Proposal
The House Republican proposal to overhaul the Affordable Care Act would bring big changes to health-care coverage and funding for many Americans. Here are some of the important differences. (Armour and Hackman, 3/23)

The Washington Post: Nine Health-Care Bill Changes Aimed At Wooing Moderates And The Far-Right
The legislation, dubbed the American Health Care Act, faces resistance within the House GOP from both moderates within the party and the most conservative faction. As a result, the bill's authors have proposed to alter parts of the bill in ways to appeal to one camp or the other — and even offered a change specifically targeting a handful of representatives from Upstate New York. Here's how the bill has changed. (Goldstein, Schaul, Soffen and Uhrmacher, 3/23)

From Americans' retirement plans to the upcoming tax reform debate, there are other unexpected policy areas that will be impacted by the current legislative action —

Bloomberg: Trumpcare Has Seniors Rethinking Early Retirement
After decades of saving diligently, Dan Maize, 53, of Williamsburg, Va., made the decision last year to retire early. He stayed at his job, managing a grocery store, until February—just before Republicans in the U.S. House of Representatives unveiled a health-care bill that could make his early retirement much harder to afford. Under the American Health Care Act, the Obamacare overhaul that faced a congressional vote on March 23, costs could fall for many younger Americans. The majority of older people would pay much more, according to the nonpartisan Congressional Budget Office and others who analyzed an early version of the legislation. (Steverman, 3/23)

Earlier KHN coverage: GOP Fix To Insurance Markets Could Spike Premiums For Older Customers

CQ Roll Call: GOP, Seeking Health Care Votes, Misses Target With Tax Cuts
The House Republican leaders' attempt early this week to steer more party members behind the proposed health care bill included some inducements they hoped would be hard to resist: tax cuts that take effect sooner. But four days later the attempt appears to have done little to persuade the staunchest conservatives to back the House bill (HR 1628) to repeal and replace the 2010 health care law (PL 111-148, PL 111-152). House leaders abandoned their goal of a floor vote Thursday amid doubts that they could muster a majority. Ways and Means Chairman Kevin Brady, R-Texas, as well as other Republican leaders were apparently trying to thread a needle in the manager's amendment released Monday. (Ota,3/24)

Kaiser Health News: Popular Guarantee For Young Adults' Coverage May Be Health Law's Achilles' Heel
The Affordable Care Act struck a popular chord by allowing adult children to obtain health coverage through a parent's plan until their 26th birthday. ... The policy has proven to be a double-edged sword for the ACA's online health exchanges because it has funneled young, healthy customers away from the overall marketplace "risk pool." Insurers need those customers to balance out the large numbers of enrollees with chronic illnesses who drive up insurers' costs — and ultimately contribute to higher marketplace premiums. (Heredia Rodriguez, 3/24)

Reuters: Factbox: A Look At U.S. Healthcare Spending As Obamacare Repeal Looms
Following are some questions and answers about healthcare spending and health insurance coverage in the United States as Republicans try to throw out President Barack Obama's signature piece of domestic policy, the 2010 Affordable Care Act. (3/23)

8. CBO Score For Revised House Health Bill Still Finds Big Coverage Loss But The Costs Grow

The changes made by Republicans leaders did not alter the original forecast of 24 million Americans losing their insurance. But the Congressional Budget Office said although the new plan would still reduce the deficit, it would cost $186 billion more over 10 years than the earlier legislation.

The New York Times: C.B.O. Update: Health Bill Amendments Will Cost More But Not Insure More
A revised version of the Republican health care bill being considered by Congress would leave 24 million more Americans uninsured by 2026, like the original bill, but would reduce the deficit by half as much, according to a new report by the Congressional Budget Office. (Davis, Popovich and Patel, 3/23)

The Washington Post: CBO: Latest House GOP Health-Care Bill Would Mean As Many Uninsured By 2026
According to the CBO's projections, a set of amendments that House GOP leaders agreed to support Monday night would cut the federal deficit by $150 billion between 2017 and 2026. The original version of the American Health Care Act, as the bill is

called, would have curbed the deficit by an estimated $337 billion in that period. The changes would have less impact on savings because they would make it easier for Americans to deduct the cost of medical care from their income taxes and would accelerate by a year the repeal of several taxes that help pay for the ACA, including taxes on insurers, hospitals, high-income adults and tanning beds. (Goldstein, 3/23)

Politico: CBO: Revisions To GOP Health Plan Add To Deficit Without Improving Coverage
The estimated cost of premiums would also be about the same. CBO has predicted that the average premium for an individual plan would jump between 15 and 20 percent over the next two years. By 2026, premiums would be 10 percent lower than they would have been under current law. (Ferris, 3/23)

The Washington Post: This Is The Problem With Delaying A Vote On Republicans' Health-Care Bill
This CBO score is one of the reasons Republicans' last-minute delay on a planned Thursday vote on the bill is so damaging for their already slim chances of getting something passed: It gives every side opposed to this bill — and there are many — more time to digest what they hate most about it. (Phillips, 3/23)

Modern Healthcare: New CBO Score Could Further Sink Revised Obamacare Repeal Bill
Federal Medicaid spending reductions would dip from $880 billion over 10 years in the original version of the proposed American Health Care Act to $839 billion. ... The CBO did not score a provision that House Republicans reportedly want the Senate to insert in the bill to boost coverage among people aged 50 to 64. It would establish a "reserve fund" of about $90 billion for tax credits to help Americans in that age group, whom the CBO said would suffer big coverage losses under the AHCA because the new tax credits would not be nearly as generous as the ACA's. (Meyer, 3/23)

Roll Call: New CBO Estimate Does Little To Woo Critics
Democrats pounced on the report's findings. "As bad as TrumpCare already was, the Manager's Amendment is crueler to Medicaid recipients, while handing billions more to the richest Americans," said Democratic Leader Nancy Pelosi in a statement. "Apparently they still do not have the votes to pass the bill, and are working to make it

even worse. The Speaker calls the bill 'an act of mercy.' TrumpCare is a moral monstrosity. It's time to pull the plug." (Mershon and Williams, 3/23)

The Hill: CBO Releases New Score For ObamaCare Repeal Bill
GOP leaders had pledged that they would wait for the CBO's new score before holding a floor vote on the legislation. That vote could happen as early as Friday. The CBO's score, however, does not reflect last-minute changes that could be made to win over conservatives, including repeal of ObamaCare's minimum coverage requirements. That change would be significant, but it is possible House Republicans could bring up the vote without that revised score. (Sullivan, 3/23)

The Hill: GOP Rushes To Vote Without Knowing Full Impact Of Healthcare Plan
"Have you read the bill? Have you read the reconciliation bill? Have you read the manager's amendment? Hell no, you haven't!" That was then-House Minority Leader John Boehner (R-Ohio) in 2010 in the heat of the debate over ObamaCare. Seven years later, Democrats could easily turn those words around on Republicans for the strategy they're using to repeal and replace the same law Boehner railed against. House Republicans are moving forward with a vote Friday on their ObamaCare replacement bill even after making significant changes the night before, and without a Congressional Budget Office analysis of those changes. (Marcos and Sullivan, 3/23)

9. Health Industries Keep Careful Eye On Capitol Hill Action

The flux surrounding the House health bill vote injects uncertainty into the health care stock markets while hospitals voice worries regarding the changes Republicans have proposed. Meanwhile, the U.S. Chamber of Commerce president urges lawmakers to follow through with repeal efforts.

Bloomberg: Wall Street Frets Over Health Vote's Impact
As Republicans in Congress tried to wrangle enough votes to pass their health care bill Thursday, the S&P 500 Index swung from a gain to a loss, continuing its worst selloff of the Trump era. Meanwhile demand rose for traditional safe havens like Treasuries. By the close of trading, the GOP had decided to delay the vote as conservatives mulled a proposal from the Trump administration. The S&P 500 finished down 0.1 percent, while

the Dow Jones Industrial Average was essentially flat and the Nasdaq 100 Stock Index fell 0.2 percent. (Burger, 3/23)

Bloomberg: Hospital Stocks Head For Rocky Ride Through Obamacare Repeal
Investors in hospital stocks are banking on a key idea: the GOP's final overhaul of Obamacare won't be as bad as it looks right now. The current version of American Health Care Act, headed for a House floor vote Thursday, would slash billions from health spending and raise insurance costs for many, according to an analysis by a nonpartisan government body. That would be bad news for hospitals, which must take care of sick patients whether or not they can pay. (Greifeld, 3/23)

Bloomberg: Treasuries Swing As Consensus Eludes GOP On Health-Care Bill
Treasuries were little changed after a series of price swings driven in part by shifting odds of Republicans reaching agreement on a health-care bill that had been slated for a House vote Thursday. Yields were within a basis point of Wednesday's closing levels at 4:15 p.m. in New York after a flurry of late activity in which the House first confirmed that the vote was delayed, followed by more upbeat comments from House Freedom Caucus Chairman Mark Meadows. Earlier, yields had reached session lows concurrently with U.S. equities after House Republicans postponed a planned meeting on the bill, began to rebound after the Ways and Means Committee Chairman said the party was near agreement, and retreated anew after the House Freedom Caucus left a White House meeting without reaching an accord. (Stanton, 3/23)

Marketplace: Hospitals Worry As Obamacare Repeal Vote Approaches
The AHA launched a media campaign against the bill and brought dozens of hospital leaders to lobby members of Congress. The real danger, Pollack said, is that the hospital would have to absorb the cost of care for the uninsured patients. So as executives have made their case to lawmakers, one message they carry is that hospitals are businesses. (Gorenstein, 3/23)

Reuters: Uncertain Fate Of Obamacare Causes Some Hospitals To Halt Projects, Hiring
Uncertainty surrounding the Republican plan to replace Obamacare is forcing some U.S. hospitals to delay expansion plans, cut costs, or take on added risk to borrow

money for capital investment projects, dealing an economic blow to these facilities and the towns they call home. (Respaut and Abutaleb, 3/23)

The Wall Street Journal: U.S. Chamber of Commerce Chief Tells House GOP: Pass Health Bill Now, Improve It Later
Tom Donohue, the president of the U.S. Chamber of commerce, has a plea for lawmakers wavering in their support for the GOP's health-care overhaul: stick with it if you want a better outcome. Speaking in a Thursday morning interview, Mr. Donohue said it was imperative for lawmakers to keep their eyes on the ultimate prize – repealing and replacing the 2010 Affordable Care Act. Even if the House Republicans' bill falls short of their various desires, he said, the only way to improve the bill is to pass it and continue work in the Senate. (Hackman, 3/23)

10. Majority Of Americans Oppose Republicans' Replacement Bill, New Poll Finds

Only 17 percent surveyed by Quinnipiac University support the American Health Care Act. And as former President Barack Obama makes a rare statement about the debate regarding his signature health care legislation, Democrats mobilize to use the vote against vulnerable Republicans.

The Hill: Poll: Just 17 Percent Of Voters Back ObamaCare Repeal Plan
A majority of American voters oppose the Republicans' plan to repeal and replace ObamaCare, while very few voters support it, a new poll finds. A poll published Thursday by Quinnipiac University found that 56 percent of voters disapprove of the GOP healthcare plan, while just 17 percent support it. Even among Republicans, only 41 percent support the American Health Care Act, while 24 percent oppose it. And 58 percent of Democratic voters disapprove of the plan. (Firozi, 3/23)

Politico: As Repeal Vote Nears, Obama Pleads To Preserve Affordable Care Act
Former President Barack Obama, who has remained on the sidelines for much of the contentious debate surrounding the Trump administration's plan to repeal and replace the Affordable Care Act, urged lawmakers Thursday to preserve and build on his signature legislative achievement. The lengthy statement ... celebrated the merits of

Obamacare and described the legislation as a watershed moment in determining that health care is "not just a privilege for a few, but a right for everybody." (Sutton, 3/23)

Bloomberg: Democrats Aim To Weaponize Health Bill Against House Republicans
Democrats seized on the House health-care vote as an opportunity to inflict political damage on vulnerable Republicans.The Democratic National Committee has begun blanketing the districts of roughly 50 House Republicans with targeted emails and robocalls about the bill, urging recipients to call the lawmakers to express opposition to the bill...It's the first time the DNC has carried out this kind of campaign since Perez became chair of the party last month and reflects the committee's efforts to be a hub of anti-Trump activity. (Epstein, 3/23)

Meanwhile, protests against the GOP bill and in support of Planned Parenthood take place in cities like Los Angeles, Chicago, Phoenix and Detroit —

Reuters: Obamacare Supporters Rally Against Congressional Repeal Efforts
Supporters of Obamacare staged rallies across the country on Thursday denouncing efforts by President Donald Trump and Republican congressional leaders to repeal the landmark law that has extended medical insurance coverage to some 20 million Americans. Hundreds of demonstrators turned out in Washington, Chicago and Los Angeles marking the seventh anniversary of enactment of Obamacare, as the Affordable Care Act (ACA) has become widely known. (Simpson, 3/23)

Los Angeles Times: Crowd In Downtown L.A. Protests Obamacare Repeal
Crowds marched through Downtown Los Angeles Thursday afternoon to protest efforts by Republican lawmakers to overhaul the Affordable Care Act. In a rally that occupied a portion of Temple Street outside of the Roybal Federal Building, speakers addressed a crowd of healthcare providers and advocates. (Kohli, 3/23)

Chicago Sun Times: Hundreds Rally, March Downtown To Decry American Health Care Act
Hundreds of protesters rallied and march through downtown Thursday afternoon, denouncing plans — since delayed — to repeal and replace the Affordable Care Act on the seventh anniversary of the bill becoming law. Rallying in Federal Plaza before heading north on Dearborn, eventually stopping across the Chicago River from Trump

Tower, the crowd cheered as they learned that a vote on the American Health Care Act would not be held Thursday, as was originally planned. (Charles, 3/24)

Arizona Republic: Planned Parenthood Advocates Rally In Phoenix Against 'Obamacare' Repeal
As wrangling continued in Washington, D.C., on Thursday over a bill to repeal the Affordable Care Act, Planned Parenthood supporters gathered in Phoenix and cities across the nation to oppose what they call the "worst piece of legislation for women in a generation." In Phoenix, about 50 people gathered outside the Arizona State Capitol to rally against the health bill. (Newman, 3/23)

Detroit Free Press: Detroit Protesters Stage 'Funeral' For Obamacare
Ahead of today's unsure vote on Republican changes to former President Barack Obama's signature health care reform, protesters in downtown Detroit staged a mock funeral of the Affordable Care Act, saying its replacement would leave millions without coverage. Among the protesters was Ed Weberman, a lawyer from White Lake Township whose 24-year-old son, Alex, is in remission from stage 4 non-Hodgkin's lymphoma. Weberman said his son's recovery was possible only because he could keep him on his insurance up to age 26 under Obamacare. (Helms, 3/23)

KQED: As House Vote Approaches, Protesters Of GOP Health Care Bill Get Creative
Wearing white coats and surgical scrubs, a small group of political activists passed out pink fliers in downtown Oakland Wednesday. They wore toy stethoscopes and shiny, circular mirrors on their heads. They're not really doctors, but they dressed the part to grab the attention of pedestrians and warn them about the political efforts to dismantle the Affordable Care Act. (Klivans, 3/23)

California Healthline: From 'Stressed Out' To Hopeful, Five Californians Weigh In On GOP Bill
[T]he GOP proposal could have a big impact on the nearly 14 million Californians — about one-third of the state's population — who are covered by Medicaid, the health program for low-income people, known as Medi-Cal in California. The GOP plan would also likely scramble the health care calculations of people who buy their own coverage, especially if they do so through Covered California, the state's insurance exchange, and get federal help with their premiums. (Gorman and Bazar, 3/23)

San Jose Mercury News: Bay Area Voters Not Surprised By GOP Health Care Vote Delay
Yet no matter where they got the news, and regardless of their political leaning, several people on the Bay Area News Group's 25-member voters' panel — assembled to evaluate President Donald Trump's first 100 days in office — said they weren't surprised that the dismantling of Obamacare had gotten so gummed up in the nation's capital that the GOP plan appeared to be going nowhere for now. (Seipel, 3/23)

11. Policies In GOP Health Bill Leaves Divisions Among Representatives, Many State Officials

News outlets around the country report on how their local congressional delegations -- and state officials -- are leaning on the Republican plan to dismantle Obamacare.

Chicago Tribune: Health Care Vote Delay Leaves Illinois GOP Delegation Uncertain
After House Republicans suffered a setback Thursday in their bid to overhaul health care, some GOP lawmakers from Illinois refused to commit to future revisions of the GOP plan and expressed skepticism about quick action moving forward. ...While saying Obamacare is in a "death spiral," [Rep. Randy] Hultgren said it's important for House and Senate Republicans "get a replacement that works." He said he could not predict "whether that can happen today or tomorrow or over the weekend or next week" and added: "I really feel like it's unknown right now how this ends." (Skiba, 3/23)

Atlanta Journal-Constitution: In Tom Price's Backyard, A Republican Split Over Health Plan
Even in Tom Price's home turf, there's a sharp divide over the embattled GOP health plan among the Republicans racing to replace him. Several of the top Republicans in the April 18 special election to succeed Price, Donald Trump's health secretary, say the plan needs broader changes before they can accept it. Others, including those running as Trump loyalists, say they would vote for it in a flash. (Bluestein, 3/23)

The Wall Street Journal: House GOP Super PAC Pulls Support From Iowa Congressman Who Opposes GOP Health Bill
The super PAC overseen by House Speaker Paul Ryan and the House GOP leadership is yanking support from a House Republican who pledged to oppose the health-care legislation pushed by President Donald Trump and House GOP leadership.

The Congressional Leadership Fund is pulling staff from and closing an office it opened last month in Iowa Rep. David Young's Des Moines-based district. (Epstein, 3/23)

Texas Tribune: Gohmert, Weber Among Holdouts As House Postpones Health Bill Vote
The process got somewhat easier on Thursday when two Republicans, U.S. Rep. Joe Barton of Ennis and Michael McCaul of Austin moved into the affirmative column. The Dallas Morning News reported McCaul's change of heart from undecided to yes. "I don't have a comment other than I am glad Donald Trump got elected president so that we have a chance to bring an end to Obamacare," said the fiercest GOP holdout of the delegation, U.S. Rep. Louie Gohmert of Tyler. (Livingston, 3/23)

The Philadelphia Inquirer: Where Philly-Area Representatives Stand On The Health-Care Bill
One local Republican – Rep. Patrick Meehan, whose district mostly covers Delaware County – has yet to decide whether he would support his party's long-promised plan to repeal and replace Obamacare. The stance of another local GOP representative, Ryan Costello of Chester County, remains unclear. Like Meehan, Costello supported the bill in committee but has not committed to voting for the final measure. (Tornoe and Babay, 3/23)

The Baltimore Sun: Rep. Andy Harris Remains A 'No' On GOP Health Care Bill
Rep. Andy Harris, a Baltimore County Republican and member of the conservative Freedom Caucus, said Thursday that last-minute changes to the Republican plan to replace Obamacare are not yet enough to win his support. Harris, who ran his first campaign for Congress on a vow to repeal the Affordable Care Act, joined about three dozen Republicans who announced opposition to the legislation. Because of that opposition, GOP leaders pulled the measure from a scheduled vote Thursday -- dealing a blow to President Donald Trump. (Fritze, 3/23)

St. Louis Post Dispatch: One St. Louis-Area Republican's Shuttle Diplomacy In The Health-Care Quicksand Of Repeal And Replace
Rep. Rodney Davis thought he was about to cast a long-anticipated vote to begin repealing and replacing Obamacare on Thursday. Instead, he took another trip to the White House, part of the extraordinary and sometimes confusing shuttle diplomacy that was going on inside the Republican Party on health care reform this week. Davis, R-Taylorville, and Rep. Ann Wagner, R-Ballwin, are among a small group of Republican

vote-counters in the U.S. House on the Republicans' American Health Care Act. They're "whips" in the parlance of what is often called legislative sausage making. (Raasch, 3/24)

The CT Mirror: As GOP Health Care Plan Falters, CT Dems Watch And Wait
President Donald Trump and House Republicans are making both threats and promises to try to salvage the GOP health care bill – but the deal-making is all on the Republican side of the aisle, with Connecticut's all-Democratic congressional delegation sitting on the sidelines... While Democrats are not sitting at the negotiating table, that doesn't mean Connecticut's lawmakers were idle. (Radelat, 3/23)

The CT Mirror: CT GOP Legislative Leaders Urge Delay On Obamacare Replacement
The Republican leaders of the Connecticut House and Senate politely distanced themselves Thursday from the push by President Trump and U.S. House Speaker Paul Ryan for the immediate passage of an alternative to the Affordable Care Act. In a letter to the president and speaker, Sen. Len Fasano of North Haven and Rep. Themis Klarides of Derby said they shared the national Republican leaders' concerns about Obamacare, but urged Trump and Ryan to avoid passage of a bill still being digested by state officials and members of Congress. (Pazniokas, 3/23)

Kansas City Star: Brownback, Greitens Sign Letter In Support Of GOP Health Care Bill
Kansas Gov. Sam Brownback and Missouri Gov. Eric Greitens have both signed a letter in support of a controversial bill that would repeal the Affordable Care Act. Brownback's office released the letter after U.S. House Speaker Paul Ryan delayed a vote on the American Health Care Act because of a lack of support for the bill. The letter from eight GOP governors thanks Ryan, a Wisconsin Republican, and U.S. Senate Majority Leader Mitch McConnell of Kentucky for their efforts to repeal the ACA, also known as "Obamacare." (Lowry, 3/23)

The Associated Press: Walker: Up To 45K Alaskans Could Lose Coverage With GOP Bill
Gov. Bill Walker says as many as 45,000 Alaskans could lose health care coverage under a Republican bill proposed in the U.S. House. Walker says that includes 30,000 Alaskans covered by the expanded Medicaid program and roughly two-thirds of the Alaskans with individual plans on the federally facilitated insurance marketplace. About

19,000 Alaskans have individual plans. Walker said about 13,000 could lose coverage. (Bohrer, 3/24)

WBUR: Mass. Democrats Denounce GOP Health Care Bill
Gov. Baker has estimated the state would lose about $1 billion in federal reimbursement, starting in 2020, should the American Health Care Act pass. On Tuesday, Baker said, "I think our hope and our expectation is that the issues that are raised not just by people here in Massachusetts but by people in other states who have similar concerns can help affect the nature of the debate and the discussion." Today also marks the seventh anniversary of the Affordable Care Act. (Bologna, Bruzek and Chakrabarti, 3/23)

12. Clearing The House Is Just The First Step; GOP Plan Faces Significant Hurdles In The Senate

In the upper chamber, Republicans only claim a 52-48 majority, and many senators have already expressed their dismay at parts of the House's American Health Care Act. Democrats see opportunities to snag parts of the GOP plan. Meanwhile, Sen. Rand Paul (R-Ky.), who argues that the measure does not go far enough to repeal Obamacare, is among those who has raised constitutional issues.

The Washington Post: Health-Care Overhaul Faces An Even Bigger Challenge In The Senate
Even if the House approves a GOP effort this week to repeal and replace key parts of the Affordable Care Act, the work of persuading the Senate to do the same is likely to be even harder. (Sullivan and Snell, 3/23)

Politico: Trump's Obamacare Repeal Concessions Likely Can't Pass Senate
Democrats say they are certain they can kill any language in the repeal bill that erases Obamacare's mandate for minimum benefits in insurance plans. And top Republicans are making no promise that the last-ditch changes to win over conservatives will fly in the more centrist Senate, which is beginning to write its own health care plan. (Everett and Haberkorn, 3/23)

The Hill: Senate GOP Hedges On ObamaCare Repeal Timeline
Senate Republicans are starting to publicly hedge on when they'll be able to repeal and

replace ObamaCare as their House counterparts struggle to find a deal. On Thursday afternoon, the House delayed a vote on the bill that was originally scheduled for later that day. Sen. Bill Cassidy (R-La.), who has been skeptical of the House bill, said after a caucus launch that he was told that senators would have "more time" to consider a repeal and replace bill and that the House might not vote until next week. (Carney, 3/23)

WBUR: Elizabeth Warren Says GOP Health Plan Helps 'The Millionaires And Billionaires'
Rachel Martin speaks with Sen. Elizabeth Warren about the health care debate, Neil Gorsuch's confirmation hearings, and the investigations into connections between Russia and the Trump campaign. (Martin, 3/24)

CQ Magazine: Even If The GOP Passes A Health Care Bill, Some Wonder If It'll Be Constitutional
If Republicans rescind the Affordable Care Act mandate that everyone buy health insurance, will their bill be constitutional? GOP Sen. Rand Paul of Kentucky is raising that question, citing the reasoning of Chief Justice John G. Roberts Jr., who wrote the 2012 opinion that upheld the individual mandate penalties in the 2010 health care overhaul. In his opinion in NFIB v. Sebelius, Roberts said the health care law essentially violated the Constitution's Commerce Clause that gives Congress the power to regulate interstate commerce because it forced people to buy health insurance. But he wrote the requirement that individuals pay a penalty for not obtaining health insurance "may be reasonably characterized as a tax" and let it slide. (Lesniewski, 3/27)

ADMINISTRATION NEWS

13. Trump, A Self-Avowed Dealmaker, Faces High Stakes In Outcome Of Friday's House Vote

As the GOP health plan became mired in intense negotiations this week, the ability to secure the measure is increasingly viewed as a major test for President Donald Trump. Meanwhile, news outlets also report that the process has caused him doubts about choosing to pursue Obamacare replacement as first item on his agenda.

The New York Times: Trump The Dealmaker Projects Bravado, But Behind The Scenes, Faces Rare Self-Doubt
President Trump, the author of "The Art of the Deal," has been projecting his usual bravado in public this week about the prospects of repealing the Affordable Care Act. Privately he is grappling with rare bouts of self-doubt. Mr. Trump has told four people close to him that he regrets going along with Speaker Paul D. Ryan's plan to push a health care overhaul before unveiling a tax cut proposal more politically palatable to Republicans. (Thrush and Haberman, 3/23)

The Wall Street Journal: Health Vote's Outcome Carries High Stakes For Trump Presidency
The health-care bill now stalled in Congress is proving an early test of whether the deal-making skills that made President Donald Trump rich in the business world will also work in the legislative realm, where lawmakers face competing pressures and require different sorts of incentives to reach agreement. (Nicholas, Lee and Radnofsky, 3/23)

Politico: Delayed Vote A Setback For Trump The Dealmaker
Most Republicans appeared comfortable with the delay, taking the lumps of a single negative news cycle, so long as the legislation eventually passes. But some worried that if Trump can't muscle the first major bill he's backed through a single chamber in a Republican-controlled Congress, it could devastate his agenda and weaken his authority moving forward. "This is a reputational deal," said Scott Reed, the chief strategist for the U.S. Chamber of Commerce. "We have a lot riding on this." (Goldmacher, Dawsey and Palmeri, 3/23)

The Hill: Report: Trump Regrets Backing Health Plan Before Pushing For Tax Reform
President Donald Trump regrets throwing his support behind Speaker Paul Ryan's healthcare proposal before his administration could propose a tax reform plan that more Republicans would favor, according to a Thursday New York Times report. Trump reportedly questioned his decision to several allies, saying he should've prioritized tax reform after seeing the immediate Republican fallout from the GOP healthcare proposal. (Beavers, 3/23)

STATE WATCH

14. KanCare Expansion Headed To Full State Senate Vote

Even as uncertainty swirls in Washington, D.C., supporters of the Medicaid expansion say, "we have to move forward as a state." Media outlets also report on news out of Minnesota, New Hampshire and California.

Kansas City Star: Medicaid Expansion Moves Forward
Kansas state lawmakers advanced a Medicaid expansion proposal on Thursday even as Congress contemplated a bill that could halt states from expanding the program. Supporters of expanding KanCare, the state's privatized Medicaid program, said the debate in Kansas can't be dictated by Washington. Opponents urged lawmakers to wait until the federal health care debate progresses. (Shorman, 3/23)

KCUR: KanCare Expansion Bill Heads To Senate For Vote Next Week
Kansas lawmakers are now a step away from what could be a showdown with Republican Gov. Sam Brownback on the political football issue of Medicaid expansion. The Senate Public Health and Welfare Committee on Thursday advanced an expansion bill to the full Senate for a vote supporters say will take place Monday...Since 2013, 31 states and the District of Columbia have expanded Medicaid eligibility. Kansas and Missouri are among 19 that have not. (McLean, 3/23)

Pioneer Press: New Tax Or Dip Into Savings? Dayton And GOP Differ On How To Stabilize Insurance Market
Minnesota lawmakers are on the verge of approving as much as $300 million per year to try to stabilize the state's 2018 individual health insurance market and lower premiums. But before the program, known as reinsurance, gets off the ground, lawmakers and the governor first have to settle an important question: where should the money come from? The idea, which DFL Gov. Mark Dayton supports despite some qualms, is a top priority for lawmakers and some business groups. (Montgomery, 3/24)

New Hampshire Public Radio: Needle Exchanges One Step Closer To Being Legal In N.H.
A bill seeking to legalize needle exchange programs in New Hampshire passed the full Senate Thursday and now heads to the House. A similar measure failed in the Senate last year but this time it passed on a simple voice vote. (Sutherland, 3/23)

Kansas City Star: Effort To Keep Guns Out Of Public Hospitals Revived In Kansas Senate Panel
Officials with the University of Kansas Health System made another effort Thursday to keep guns out of its buildings before a state law that would allow concealed weapons takes effect July 1. Senate Bill 235, which had a hearing Thursday before the Senate budget committee, would allow Kansas' state hospitals and public hospitals, like the University of Kansas Hospital in Kansas City, Kan., to keep banning handguns. (Woodall, 3/23)

San Francisco Chronicle: California Passes Nation's Toughest Methane Emission Regulations
California air quality officials have approved what are widely considered to be the most rigorous and comprehensive regulations in the country for controlling methane emissions, a move that helps cement the state's status as a standard-bearer for environmental protection. The new rules, green-lighted Thursday by the state's Air Resources Board, seek to curb methane emissions at oil and gas production plants by up to 45 percent over the next nine years. (Fracassa, 3/23)

15. State Highlights: Mass. Gov. Proposes Revised Tax On Employee Health Plans; Family Files Wrongful Death Suit Against Opioid Maker

Media outlets report on news from Massachusetts, Illinois, Connecticut, Ohio, Pennsylvania, New Jersey, Mississippi, Tennessee, Iowa, Wisconsin, California, Texas and Minnesota.

Boston Globe: Baker Administration Floats Alternative To Health Plan Levy
After a backlash from the business community, Governor Charlie Baker is floating a new plan for employers to help cover the state's soaring health care costs. But the proposal, an alternative to the one the administration included in its January budget proposal, still lacks broad support among businesses. (Dayal McCluskey, 3/24)

Stat: Lawsuit Blames Improper Marketing Of Potent Opioid For Woman's Death
The family of a New Jersey woman who died after using a prescription version of the potent opioid fentanyl filed a wrongful death lawsuit Thursday against the drug's maker, her doctor, and a specialty pharmacy that provided the drug. The lawsuit, filed in a New Jersey state court, alleges 32-year-old Sarah Fuller was the victim of a nationwide push

by Insys Therapeutics to entice doctors to prescribe its Subsys fentanyl spray for patients for which the drug was not suitable. (Armstrong, 3/24)

St. Louis Post Dispatch: Illinois Supreme Court Delivers Partial Win For Hospitals On Property Taxes
Illinois' not-for-profit hospitals can continue to skip paying property taxes, for now, after an Illinois Supreme Court decision Thursday that follows years of battles between hospitals and municipalities over those dollars. The state Supreme Court on Thursday vacated the ruling of a lower court, which had found that an Illinois law exempting not-for-profit hospitals from paying property taxes was unconstitutional. The justices said the lower court didn't have jurisdiction. (Schencker, 3/24)

The CT Mirror: State Worker Union Launches TV Ad To Fight Layoffs
Two days after Gov. Dannel P. Malloy threatened to lay off 4,200 unionized state workers unless concessions are granted, Connecticut's largest healthcare workers union launched a television ad urging viewers to keep its members on the job. The 30-second spot, funded by 1199 New England SEIU, also comes five months after the union went to court to block nearly 500 layoffs tied to an administration plan to privatize 40 group homes for the disabled. (Phaneuf, 3/23)

Columbus Dispatch: Ohio Slips In National Mental Health Care Assessment
Ohio continues to slip in terms of mental health prevalence and access to care in a national ranking by Mental Health of America. The Buckeye State's overall ranking, 26th among the 50 states, was a slot lower than last year and a drop of three positions since 2011, according to the report released today. The national organization looked at 15 indicators, including the number of adults and juveniles with mental illness, the incidence of adults with drug or alcohol problems, prevalence of suicide, and people with unmet needs for treatment. (Johnson, 2/23)

Columbus Dispatch: Elderly Often Victimized By Addicted Relatives, Friends
Addiction to prescription painkillers among seniors also is growing, with older adults increasingly seeking emergency treatment or coming to the attention of authorities. With the rise in heroin use, more grandparents are also raising their grandchildren because their parents are dead, in jail, chasing their next high or in rehab. It can be

particularly challenging for those with limited financial resources or health problems. (Pyle, 3/24)

The Philadelphia Inquirer: New Digital Health Fund In Philadelphia Makes Its First Deal
A $6 million digital health investment fund launched in December by Ben Franklin Technology Partners of Southeastern Pennsylvania, Independence Health Group, and Safeguard Scientifics has made its first investment, of $150,000 in seed financing. The recipient was VitalTrax, a Philadelphia company started last year to help facilitate clinical trials for patients and researchers through a smartphone app and cloud-based data services. VitalTrax is expected to use the money to continue developing its system. (Brubaker, 3/23)

Stat: Mississippi's Middle Class Carries The Burden Of High Medical Debt
Americans are no strangers to medical debt, and the burden is most severe in Mississippi, where nearly 40 percent of adults under age 65 owe hospitals or doctors, according to the Urban Institute. But the men and women carrying that debt are not always poor – they're increasingly middle class. And their inability, or refusal, to pay their bills is straining hospital budgets and threatening the availability of care. (Blau, 3/24)

WBUR: Can Cardboard Boxes Save Infants' Lives?
Since January, about 3,800 New Jersey parents have opted to lay their infants to sleep in simple cardboard boxes. It's a public health initiative to reduce cases of sudden infant death syndrome, which killed 3,700 babies in the United States in 2015. (Young, 3/23)

Nashville Tennessean: Hendersonville Doctor Arrested On Prescription-Related Charges
A Hendersonville doctor has been arrested for issuing prescriptions for narcotics in exchange for money and sexual acts, police said. Special agents with the Tennessee Bureau of Investigation, the 18th Judicial District Drug Task Force and the Gallatin Police Department began investigating Dr. Lawrence Joseph Valdez after complaints he was issuing prescriptions for sexual favors. The investigation found he had made these exchanges to multiple individuals. (Todd, 3/23)

Des Moines Register: These Families With Children Injured By Doctor Mistakes Say They Don't Want Caps On Malpractice Payouts
Families of Iowans who were severely injured by medical errors traveled to the Statehouse on Thursday to denounce bills that would limit awards in malpractice lawsuits. The families said if the bills were in effect, they probably couldn't have found lawyers to take their cases, even though medical providers' mistakes or neglect caused permanent disabilities or death of patients. (Leys, 3/23)

Milwaukee Journal Sentinel: An Epidemic Of Childhood Trauma Haunts Milwaukee
In Milwaukee, the nation's third most impoverished big city, trauma researchers contend the seeds of distress were planted years ago when the current generation of adults were children. They say new seeds are being planted right now. That revelation is beginning to shift how Milwaukee and other cities respond to social and economic decline. It also is prompting researchers to explore why some who are exposed to childhood trauma emerge undefeated — and whether their resilience can be coaxed out of others and even scaled to entire neighborhoods. (Schmid, 3/23)

The Philadelphia Inquirer: Why Christie Has More Than Tripled N.J.'s Funding Of Doctor Training
Gov. Christie wants more doctors in New Jersey, and he's budgeted money to train them. But increasing the number of medical professionals — and getting them to stay in New Jersey — isn't as easy as graduating more students. The calculation also includes the number of postgraduate residencies offered in New Jersey and the number of doctors who stay afterward. The state already has increased the number of graduates, with Cooper Medical School of Rowan University opening in 2012 and Seton Hall University's medical school slated to open next year. Older schools also have added seats. (Lai, 3/24)

Sacramento Bee: Sacramento County Sheriff Adds Mental Health Beds To Jail
As the Sacramento County Main Jail handles more inmates with psychiatric problems, the Sheriff's Department is developing a new section staffed by UC Davis medical professionals, social workers and deputies that can provide intensive mental services without 24-hour care. The county currently keeps inmates who are suicidal or deemed a threat to others in an 18-bed "acute care" unit, which functions like a residential treatment facility. (Garrison, 3/23)

Houston Chronicle: Confusion Over Medical Facilities Could Cost A Bundle
Walking into one type of neighborhood medical clinic instead of another can be a $2,000 mistake. Or at the very least, a big surprise. That is the finding of a new Rice University study that examines the proliferation of free-standing emergency rooms in Texas in recent years, which to the uninformed patient can look a lot like their lower-cost storefront cousin, the urgent-care clinic. (Deam, 3/23)

The Star Tribune: State: Waite Park Nurse Did Nothing For Patient's Seizures Before He Died
A Minnesota Health Department investigation lasting six months ruled that the nurse's neglect was to blame for the anguish that 58-year-old Kenneth L. Allers endured last August for at least 11 hours at the Sterling Park Health Center in Waite Park. The licensed practical nurse, who is not identified in the state's findings released this week, was suspended during the investigation and later fired. (Walsh, 3/23)

HEALTH POLICY RESEARCH

16. Research Roundup: Ads And Testosterone Use; Home Monitoring With Apps; Per Capita Caps

Each week, KHN compiles a selection of recently released health policy studies and briefs.

JAMA: Association Between Direct-To-Consumer Advertising And Testosterone Testing And Initiation In The United States, 2009-2013
Question: Is there an association between televised direct-to-consumer testosterone advertising and testosterone testing and initiation in the United States? Findings: In this ecological study of 75 US designated market areas, each exposure to a testosterone advertisement was associated with monthly relative increases in rates of new testosterone testing of 0.6%, new initiation of 0.7%, and initiation without a recent baseline test of 0.8%. (Layton et al., 3/21)

JAMA Surgery: Effect Of Home Monitoring Via Mobile App On The Number Of In-Person Visits Following Ambulatory Surgery
Question: For patients undergoing ambulatory surgery, can follow-up care via a mobile app avert in-person visits compared with conventional, in-person follow-up care during

the first 30 days after the operation? Findings: In this randomized clinical trial of 65 patients, those who used the mobile app attended fewer in-person visits for follow-up care during the first 30 days after the operation than patients in the in-person follow-up care group. This difference was statistically significant. (Armstrong et al., 3/22)

JAMA Surgery: Costs And Consequences Of Early Hospital Discharge After Major Inpatient Surgery In Older Adults
Question: Do fast-track discharge protocols and shorter postoperative length of stay after major inpatient surgery reduce overall surgical episode payments, or are there unintended increased costs because of postdischarge care? Findings: In a cross-sectional cohort study of 639 943 risk and postoperative complication–matched Medicare beneficiaries undergoing colectomy, coronary artery bypass grafting, or total hip replacement, hospitals with shortest routine postoperative length of stay achieved lowest overall surgical episode payments and did not offset shorter hospital stays with greater postdischarge care spending. (Regenbogen et al., 3/22)

JAMA Internal Medicine: Patient Mortality During Unannounced Accreditation Surveys At US Hospitals
Question: What is the effect of heightened vigilance during unannounced hospital accreditation surveys on the quality and safety of inpatient care? Findings: In an observational analysis of 1984 unannounced hospital surveys by The Joint Commission, patients admitted during the week of a survey had significantly lower 30-day mortality than did patients admitted in the 3 weeks before or after the survey. This change was particularly pronounced among major teaching hospitals; no change in secondary safety outcomes was observed. (Barnett, Olenski and Jena, 3/20)

The Kaiser Family Foundation: Health Insurance Premiums Under The ACA Vs. AHCA: County-Level Data
These maps compare county-level estimates of premiums and tax credits under the Affordable Care Act (ACA) in 2020 with what they'd receive under the American Health Care Act as unveiled March 6 by Republican leaders in Congress. The maps were updated on March 21, 2017 to show estimates of how much a person buying their own insurance would have to pay under both the ACA and the House replacement bill. The maps include premium tax credit estimates by county for current ACA marketplace

enrollees at age 27, 40, or 60 with an annual income of $20,000, $30,000, $40,000, $50,000, $75,000, or $100,000. (3/22)

Urban Institute: The Impact Of Per Capita Caps On Federal And State Medicaid Spending
In this paper, we analyze the effect of two per capita cap approaches: that in the AHCA and that in Speaker of the House Paul Ryan's "Better Way" health care plan, released in June 2016. We estimate the effect of each of these per capita caps on federal and state spending from 2019 to 2028. We estimate that between 2019 and 2028, the Better Way proposal would reduce federal Medicaid spending by $841 billion, or 18.1 percent. The AHCA would reduce federal spending by $457 billion, or 9.8 percent. Assuming the bulk of states that expanded coverage under the ACA dropped eligibility for their expansion populations, we estimate that 8 million enrollees would lose Medicaid coverage, and federal savings would increase to $735 billion between 2019 and 2028. (Holahan, Buettgens and Wang Pan, 3/20)

The Kaiser Family Foundation: What Could A Medicaid Per Capita Cap Mean For Low-Income People On Medicare?
Policymakers are giving serious consideration to proposals, such as the American Health Care Act (AHCA), that would fundamentally change the structure and financing of Medicaid – the federal-state program that provides health coverage for 70 million low-income Americans, including one in five people on Medicare. Federal financing for Medicaid would be converted to a per capita cap model (such as under the AHCA) or block grant, both of which aim to limit and make more predictable federal spending on Medicaid and provide states more flexibility in their management of Medicaid spending. Such a change could affect low-income people on Medicare because Medicaid help cover Medicare's premiums and cost-sharing, and pays for services not covered by Medicare, such as nursing home care. (Jacobson, Neuman and Musumeci, 3/20)

EDITORIALS AND OPINIONS

17. Health Debate Opinions: Crisis Is Not Trump's Or Ryan's Fault; GOP Failed Its Voters' Needs

As consideration of the Republican health bill stalls on Capitol Hill, opinion writers find many faults.

The Wall Street Journal: The Freedom-From-Reality Caucus
The delay is said to be a defeat for President Trump and Speaker Paul Ryan, but both men have done about as much as they can. They've listened to different points of view across a diverse coalition of Members and 33 Governors, and the House bill is a realistic compromise .... No one has offered a better policy alternative to the American Health Care Act that could pass the House and Senate. The real obstacle to progress has been the 29 or so Members of the House Freedom Caucus, who have the power to deny Mr. Ryan a majority of 216 with a mere 22-vote margin of error. (3/23)

The New York Times: The Trump Elite. Like The Old Elite, But Worse!
Legislation can be crafted bottom up or top down. In bottom up you ask, What problems do voters have and how can they be addressed. In top down, you ask, What problems do elite politicians have and how can they be addressed? The House Republican health care bill is a pure top-down document. It was not molded to the actual health care needs of regular voters. It does not have support from actual American voters or much interest in those voters. It was written by elites to serve the needs of elites. Donald Trump vowed to drain the swamp, but this bill is pure swamp. (David Brooks, 3/24)

Politico: The Health Care Albatross
The lesson of Obamacare is that passage of a major health care law never puts health care behind you, only in front of you. For Republicans, their replacement bill will — one way or the other, pass or fail — loom large in 2018 and presumably 2020, if not beyond. (Rich Lowry, 3/22)

The Washington Post: A Postponed Health-Care Vote, A Big GOP Embarrassment And No Good Options Ahead
Legislative sausage-making is never pretty, but what has been happening all week with the signature legislative priority of the GOP seems beyond the norms. Faced with possible defeat on the floor, House Republican leaders postponed a scheduled vote until Friday, hoping that another day of negotiations could produce what seven years of talking have failed to produce, which is a consensus bill that all factions of the party can

support. The difficulties Republicans are confronting are entirely of their own making. (Dan Balz, 3/23)

The Wall Street Journal: The Big Health Fix Bruises Ryan And Trump
Former President Barack Obama tried the big fix in health care and he came away with the scars to show for it. Now, House Speaker Paul Ryan and President Donald Trump are trying for the big health-care fix, and they are coming away with the scars to show for it. Maybe there is a lesson in there. (Gerald F. Seib, 3/23)

Bloomberg: Paul Ryan Is Trying To Save Himself
The basic problem is that Republicans have spent years building up expectations for repealing Obamacare without coming up with two crucial parts of their solution: An alternative that they agree on, and the votes in the Senate to impose whatever they want-- if they could agree on what they want. (Jonathan Bernstein, 3/23)

The New England Journal of Medicine: The Mirage Of Reform — Republicans' Struggle To Dismantle Obamacare
[A]s its potential demise draws nearer, the popularity of the ACA, now part of the status quo, is growing. In the Republican imagination, Obamacare has been a disaster. The GOP's problem is that in reality Obamacare has substantially expanded health coverage, with 20 million Americans gaining insurance. Rolling back the ACA means making insurance less affordable for low-income Americans, increasing the uninsured population, and taking vast funds away from states and medical providers. The GOP health plan neither fully repeals the ACA nor provides a compelling replacement. Instead, in my opinion, it offers only a mirage of reform. (Jonathan Oberlander, 3/22)

The Wall Street Journal: Here's How 51 Senators Can Reduce Premiums
As this week's jousting between Speaker Paul Ryan and the Freedom Caucus makes clear, the Republican Party's conservative and pragmatic wings don't always agree. But there's consensus on this: The American Health Care Act, the GOP's bill to repeal and replace ObamaCare, doesn't do enough to make insurance more affordable. ... The trouble is the Senate's rules. Republican leaders are counting on passing the AHCA through the budget reconciliation process, which requires only 51 votes, bypassing a filibuster. But for a bill to go through reconciliation, every provision must be budget-related, with clear relevance to either taxing or spending. GOP leaders expect the

Senate parliamentarian to rule that repealing ObamaCare's regulations through the AHCA would have only incidental fiscal consequences. (Avik Roy, 3/23)

USA Today: Obamacare Is Broken, And Republicans Can Fix It
When President Obama signed the Affordable Care Act seven years ago, he saddled Americans with a healthcare system that put the ultra-liberal agenda ahead of our best interests. We were promised that Obamacare would bring down healthcare costs with increased competition between insurance providers. We were promised we could keep our healthcare plans. We were promised that Obamacare would not raise middle class taxes. Instead, the law brought the American people rising premiums, unaffordable deductibles, fewer insurance choices and higher taxes. We were let down. (Ronna McDaniel, 3/23)

The Washington Post: Republicans Have Met The Enemy On Health Care. It's Them.
The legislation may pass — either Friday or over the weekend. (It almost certainly won't pass without changes.) But House Republicans had to be feeling a sense of deja vu as it became clear Thursday that despite the efforts of President Trump and Speaker Paul D. Ryan, the votes simply weren't there to pass the legislation. Republicans — led by then-Speaker John A. Boehner — failed time and time again to rally votes behind proposals, from the fiscal cliff in 2012 to the farm bill in 2013 to the debt ceiling in 2014. (Chris Cillizza, 3/23)

Politico: Trump's No-Win Health Care Debacle
Now it is Trump who needs wavering members of his party to come to his rescue. ... [B]y 2018, the impact of "Trumpcare" will be start to be felt; and if the analyses of the Congressional Budget Office, the Kaiser Family Foundation and others are correct, the impact will be felt most sharply among older, less affluent, working-class Americans ... in other words, Trump's base. If that prospect ripens into reality, what would be celebrated as a legislative triumph may wind up as an epic disaster. (Jeff Greenfield, 3/22)

Georgia Health News: ACA Repeal Is Too Great A Chance To Take
People in Georgia are relying on the ACA. If it is repealed, Georgia would lose much of the federal funding that helps sustain its health care system, which has struggled to pay for uncompensated care. Additionally, repeal of the ACA would cost many Georgia

jobs. Policymakers are rushing to repeal or restrict the ACA even though that could cause many Georgians to lose their coverage. (Karuna Ramachandran, 3/23)

Arizona Republic: Ducey Not (Yet) Deserting 400,000 Arizonans
The House Republican plan to replace the Affordable Care Act would be huge step back, even for those of us who have insurance (for now). It would be a complete disaster, and in some cases, a death sentence, for Arizona's most needy citizens. Gov. Doug Ducey knows this. (EJ Montini, 3/23)

Des Moines Register: Branstad Cheerfully Ignores Threat To Medicaid Expansion
Health and Human Service Secretary Thomas Price and Centers for Medicare and Medicaid Service Administrator Seema Verma have sent a letter to Branstad and the governors of 30 other states who expanded Medicaid .... They're also urging the governors to pursue changes in Medicaid, such as charging beneficiaries higher premiums and requiring beneficiaries to pay for emergency-room visits to discourage such visits. ... Apparently, the governor's enthusiasm for Medicaid expansion has been supplanted by his enthusiasm for a CMS director determined to scuttle that effort. Could it be "the health needs of our state" are less of a priority than the president's political agenda? (3/23)

18. Essential Health Benefits Reviewed: 'Galling' Return To Bad Old Days; Lowering Premiums

Some opinion writers urge caution before jettisoning insurance guarantees, but premium costs appear to be at the heart of the argument to get rid of the health law's essential health benefits.

Los Angeles Times: Remember When You Couldn't Get Insurance With A Preexisting Condition? Those Days Are Probably Coming Back
Raise your hand if you want to go back to the days when you couldn't get health insurance because you'd been sick or injured. That's one of the galling possibilities raised by the evolving version of the American Health Care Act, the House GOP leadership's plan to repeal and replace Obamacare. The blame lies with the changes that President Trump and House leaders reportedly pledged to make in the bill to win

the support of members of a group of far-right House members, the Freedom Caucus. (Jon Healy, 3/23)

Forbes: Bring GOP Right-Wingers And Pragmatists Together On Obamacare -- By Making Premiums Affordable
Thursday, March 23 was a wild day in Republicans' quest to repeal and replace Obamacare, with vote cancellations, last-minute amendments, CBO analyses, and Presidential ultimatums. But the most surprising development of all was this: a way has emerged to get both hard-line and pragmatic conservatives to support the American Health Care Act. ... The GOP's right wing came to a surprisingly pragmatic realization. While refundable tax credits were not their favored approach to health reform, there were too many Republicans who believed otherwise; stubbornness on this point would jeopardize the success of any bill to replace Obamacare. So, congressional hard-liners reoriented their efforts toward repealing most, if not all, of Obamacare's insurance regulations. (Avik Roy, 3/24)

The New York Times: Late G.O.P. Proposal Could Mean Plans That Cover Aromatherapy But Not Chemotherapy
Why should that 60-year-old man have to pay for maternity benefits he will never use? If 60-year-old men don't need to pay for benefits they won't use, the price of insurance will come down, and more people will be able to afford that coverage, the thinking goes. ... But there are two main problems with stripping away minimum benefit rules. One is that the meaning of "health insurance" can start to become a little murky. The second is that, in a world in which no one has to offer maternity coverage, no insurance company wants to be the only one that offers it. (Margot Sanger-Katz, 3/23)

Huffington Post: Spicer Denies That Ending Maternity Care Guarantee Would Mean Women Pay More For Health Care He's Wrong.
White House press secretary Sean Spicer on Thursday defended the idea of taking away guaranteed maternity coverage in health insurance, denying that it would mean women must pay relatively more for their health care. He's wrong about that. Ending the guarantee could mean slightly lower premiums for individual men and much older women, but it would just as surely drive up premiums for women of child-bearing age and their families — unless it left them paying the full cost of prenatal care and delivery, typically many thousands of dollars, out of their own pockets. (Jonathan Cohn, 3/23)

The New York Times: Yes, Senator, You Wouldn't Want To Lose Your Mammograms — Or Women Voters
Republicans seem to have an evil genius for tone-deafness when it comes to women. On Thursday, a photograph that was widely circulated on Twitter showed a room packed with white men cutting a deal to eliminate maternity care and mammograms from the package of essential benefits that insurers are required to provide in the Republican bill to replace the Affordable Care Act. There were some women out of camera range, including Kellyanne Conway, the White House counselor. Earlier in the day, Senator Pat Roberts, Republican of Kansas, made an ill-judged quip that he quickly had to apologize for: "I wouldn't want to lose my mammograms," he said to a reporter from Talking Points Memo. (Susan Chira, 3/23)

19. Viewpoints: Support For Paid Leave; Immigrants Afraid Of Seeking Care

A collection of opinions on health care from around the country.

The New York Times: Americans Agree On Paid Leave, But Not On Who Should Pay
Most people say workers should get paid leave to take care of a baby, a sick family member or themselves, according to two new surveys. But they disagree on the details: who should pay, and whether it should be mandatory or optional. (Claire Cain Miller, 3/23)

Arizona Republic: The Wrong Bill About Dying Went To Ducey's Desk
Gov. Doug Ducey can stand up for individual rights and dignity. Or he can sign Senate Bill 1439 and buck a trend toward letting people control their lives and deaths. The bill is ostensibly about religious freedom. It is supported by the powerful Center for Arizona Policy, which supports conservative social policies and is headed by Ducey supporter Cathi Herrod. SB 1439 is supposed to protect health-care professionals and hospitals from discrimination if they refuse to help people die. (Linda Valdez, 3/22)

Louisville (Ky.) Courier-Journal: Savannah's Funeral - 'Tired Of Burying My Friends'
We should not feel comfortable raising children in a world where they learn how to order flowers for their friend's funeral before they learn how to buy a house or start a retirement fund. I am a full-time student with a part-time job. I went to decent schools and stayed away from the neighborhoods my parents warned me about. I am not an

anomaly, and neither is gun violence. I apologize if I seem insensitive towards the individual's right to own a gun, but it is time we take a critical look at our society's priorities. What good is a world full of guns if we must fill our days with this pain? How many of our children are we willing to lose to maintain our sense of entitlement? (Tara Ann Steiden, 3/23)

The New England Journal of Medicine: Chilling Effect? Post-Election Health Care Use By Undocumented And Mixed-Status Families
Navigating the health care system is particularly difficult for people with limited English proficiency and health literacy or without health insurance or a Social Security number. Many undocumented immigrants and their families therefore go without needed care, to their detriment and sometimes that of others, as in the case of a woman with syphilis who is pregnant with a future U.S. citizen. (Kathleen R. Page and Sarah Polk, 3/23)

The New England Journal of Medicine: Patient Inducements — High Graft Or High Value?
In May 2016, Uber announced a partnership with the Southeastern Pennsylvania Transportation Authority (SEPTA) to provide discounted ride-sharing services to "bridge the first and last mile gap" and encourage people to ride the regional rail system. It was a potential win for all — increased ridership for Uber and SEPTA, decreased traffic and pollution. The partnership was lauded for testing an innovative way to advance social goals. Contrast this partnership with one that might be arranged in health care. For instance, a partnership between a health system and a ride-sharing service to provide free rides for patients with transportation barriers might help elderly patients with disabilities or those with limited transportation options get needed care. However, it might be illegal. (Krisda H. Chaiyachati, David A. Asch and David T. Grande, 3/23)

The New England Journal of Medicine: Adopting Innovations In Care Delivery — The Case Of Shared Medical Appointments
Transformative innovations in care delivery often fail to spread. Consider shared medical appointments, in which patients receive one-on-one physician consultations in the presence of others with similar conditions. Shared appointments are used for routine care of chronic conditions, patient education, and even physical exams. Providers find that they can improve outcomes and patient satisfaction while dramatically reducing waiting times and costs. (Kamalini Ramdas and Ara Darzi, 3/23)

JAMA: The Rise Of Crowdfunding For Medical Care
The rise of medical crowdfunding carries the promise of more efficiently matching potential donors with unmet needs in ways that may increase overall giving, mirroring emerging technologies in other industries such as ride-hailing and retail services that aim to more efficiently match supply and demand. Despite its protean promises, however, medical crowdfunding raises a constellation of ethical and legal hurdles for patients, clinicians, institutions, and society. Understanding these issues will be of increasing importance as medical crowdfunding continues to grow in popularity. (Michael J. Young and Ethan Scheinberg, 3/23)

Alexander, Steven

From: Policy Matters Ohio <news@policymattersohio.org>
Sent: Wednesday, December 14, 2016 11:54 AM
To: Alexander, Steven
Subject: An open letter to Governor Kasich: fund transit now!

Policy Matters Ohio

Dear Governor Kasich: fund transit now!

[A slew of Ohio organizations jointly sent a statement to Governor Kasich on Wednesday, December 14, requesting that the governor address Ohio's staggering underfunding of mass transit. This blog excerpts most of what they requested with some minor edits for clarity.]

Dear Governor Kasich:

As you know, according to the 2015 Ohio Department of Transportation (ODOT) Transit Needs study, the state of Ohio needs $192.4 million in capital and $96.7 million in operating funds just to meet existing demand for public transportation services. An additional $273.5 million in one-time funding is needed to address system backlog and bring Ohio's transit fleet to a state of good repair.

Ohio's under-investment in public transit, over the past several decades, has left our public transit system lacking. Lack of widespread public transportation limits low-income workers' ability to get to jobs, stunting their ability to support themselves and their families. It also

leaves too many people with disabilities as well as those who are aging essentially homebound, making it difficult for them to access the grocery store, the doctor's office, and to meet their other needs with dignity.

Ohio currently allocates little more than 1 percent of its entire transportation budget towards public transit; unfortunately, that meager investment ranks Ohio 47th out of all other states for its commitment to public transportation.

We, Ohioans for Transportation Equity, recommend Ohio invest at least 10 percent of its transportation budget in public transit as well as safe bicycling and pedestrian infrastructure and education, and stand ready to work with you to act upon ODOT's Transit Needs Study findings.

Ohio needs a 21st century transportation system made up not only of roads and highways but also a complete network of affordable, accessible and environmentally-friendly transportation options, including public transit, passenger and freight rail, streetcars, hybrid buses, electric vehicles and walkable, bikeable streets.

For low-income Ohioans, the cost of driving is often prohibitively expensive, and for the elderly and those with disabilities, driving may not be an option at all. Indeed, data indicates that 8.4 percent of Ohio households have no access to an automobile. Transportation also accounts for roughly 25 percent of all emissions in Ohio and half of the $51.4 billion we spend on energy each year in Ohio (nearly all of which is imported from out of state).

Going forward, the state of Ohio should invest in more public transportation options to reduce our vulnerability to oil price spikes, create a more economically sustainable and accessible transportation system, give firms and workers low-cost and accessible commuting options, and reduce health-threatening emissions. Investments in accessible public transit options will also spur economic development, increase employment opportunities, reduce urban sprawl and congestion, and create more livable communities for all Ohioans.

A greater investment in public transportation would yield significant positive outcomes not only for many Ohioans but also to help sustain the state's economic recovery. According to the American Public Transit Association, every $1 invested in public transit generates

$6 in economic returns, and investments in public transportation projects create nearly 20 percent more jobs than equal investments in new roads and highways.

Respectfully,


NUNS ON THE BUS OHIO
SIERRA CLUB
OHIO CHAPTER
o4a
Ohio Developmental Disabilities Council
The Center for Disability Empowerment
Disability Rights OHIO
ADVOCATES FOR OHIO'S FUTURE
Strong Communities. Better Lives.
NOBLE
Northern Ohioans for Budget Legislation Equality
OHIO OLMSTEAD TASK FORCE
LOCAL 1
SEIU
AMERICANS FOR TRANSIT
Western Reserve Independent Living Center
National Church Residences
Home & Community Service
SENIOR TRANSPORTATION CONNECTION
THE ABILITY CENTER
GREATER TOLEDO · OTTAWA COUNTY · BRYAN
SCCIL
ucedd
wraaa
Western Reserve Area Agency on Aging
Area Agency on Aging
Policy Matters Ohio
ACBO
American Council of the Blind of Ohio
MOVE
LORAIN COUNTY
TransitColumbus
ALLABOARDOHIO!
OHIO BICYCLE FEDERATION
OBF
SINCE 1980
www.ohiobike.org
UHBikes
rta
RTA
JOY MACHINES
BIKE SHOP
MOTORCARS
MOTORCARS MOBILITY
Customers for Life.
Catholic Social Services
KIRWAN INSTITUTE
INNOVATION OHIO
WOMEN
MOBILE

Alphabetical list of signers:

Ability Center of Greater Toledo
Access Center for Independent Living
Advocates for Ohio's Future
All Aboard Ohio
Amalgamated Transit Union Local 268 (Cleveland)
Amalgamated Transit Union Local 627 (Cincinnati)
Amalgamated Transit Union Local 697 (Greater Toledo)
Amalgamated Transit Union Ohio Legislative Conference Board
American Council of the Blind of Ohio
Americans for Transit
Area Agency on Aging 3 (7 county region in NW Ohio)
Bike Cleveland
Catholic Social Services
The Center for Disability Empowerment
Center for Independent Living Options
The City of Lorain
Clevelanders for Public Transit
Disability Rights of Ohio
Greater Cleveland Regional Transit Authority
Greater Dayton RTA
Innovation Ohio
Joy Machines Bike Shop
Kirwan Institute
Mid-Ohio Board of Independent Living Environments (MOBILE)
MOVE Lorain County
Motorcars Mobility
National Church Residences - Center for Senior Health
Northern Ohioans for Budget Legislation Equality (NOBLE)
Nuns on the Bus Ohio

Ohio Association of Area Agencies on Aging (o4a)
Ohio Bicycle Federation
Ohio Developmental Disabilities Council
Ohio Environmental Council
Ohio Olmstead Task Force
Ohio Statewide Independent Living Council
Policy Matters Ohio
Senior Transportation Connection
Services for Independent Living, Inc.
SEIU, Local 1
Sierra Club, Ohio Chapter
Southeastern Ohio Center for Independent Living (SOCIL)
Transit Columbus
UH Bikes
The University of Cincinnati, University Center for Excellence in Developmental Disabilities
Western Reserve Area Agency on Aging
Western Reserve Independent Living Center
Women Empowered, Educated, Employed (WE3 Collaborative)

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Thanks for reading the Policy Matters Blog. If you wish not to receive our blog posts, opt out by e-mail here.

Alexander, Steven

From: Blessing, Heather
Sent: Monday, December 05, 2016 2:47 PM
Subject: 2016-12-05 Controlling Board Actions
Attachments: 2016-12-05 Controlling Board Agenda.pdf

Dear Republican Members and Staff:

A list of Controlling Board actions from the Monday, December 5, 2016 meeting is attached and available online (https://www.ecb.ohio.gov/Public/ShowAgenda.aspx).

Amended:

- Item #15 (*OSU0100852-17: The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $33,000.00 from Fund 7024, ALI C315ET (Research Portal - Project), in FY17, for the Research Portal project in Columbus, Franklin County*) was updated to correct a fund number.

Objections

- Item #1 (*AGO0100474 -17: The Attorney General's Office respectfully requests Controlling Board approval to transfer $1,309,070.39 in cash and appropriation from Fund 5KM0, ALI 911614, CB Emergency Purposes to Fund R004, ALI 055631 General Holding Account to pay half of the court ordered attorney fees and expenses in the cases of the Northeast Ohio Coalition for the Homeless (NEOCH), et al., v. Husted, et al., and Service Employees International Union (SEIU), Local 1, et al., v. Husted et al.)* – was passed by a vote of 6-1 (with Sen. Coley objecting).

Substitutions

- Rep. Scherer was appointed to serve as designee for Rep. Smith.

All other items were approved without objection. The next meeting of the Controlling Board is scheduled for Monday, December 19, 2016 at 1:30PM in the North Hearing Room of the Statehouse. Please contact me if you have any questions or need of additional information.

Sincerely,
Heather Blessing

***

Heather N. Blessing, Esq.
Deputy Legal Counsel / Deputy Budget Director
Office of Speaker Clifford A. Rosenberger
Ohio House of Representatives | 77 S. High Street Columbus, 14th Floor, Ohio 43215

Office: 614.466.9194 | Mobile: 614.352.5819 | Heather.Blessing@ohiohouse.gov

CONTROLLING BOARD
OHIO OFFICE OF BUDGET AND MANAGEMENT

December 5, 2016 Agenda

The meeting of the Controlling Board will be held at 1:30 p.m., in the North Hearing Room of the Statehouse Senate Office Building.

1	AGO0100474 -17	The Attorney General's Office respectfully requests Controlling Board approval to transfer $1,309,070.39 in cash and appropriation from Fund 5KM0, ALI 911614, CB Emergency Purposes to Fund R004, ALI 055631 General Holding Account to pay half of the court ordered attorney fees and expenses in the cases of the Northeast Ohio Coalition for the Homeless (NEOCH), et al., v. Husted, et al., and Service Employees International Union (SEIU), Local 1, et al., v. Husted et al.
2	AUD0100032 -17	The Auditor of State's Office respectfully requests Controlling Board approval for a waiver of competitive selection in the total amount of $188,170, with $150,536 from Fund 4220, ALI 070602 (Public Audit Expense - Local Govts) and $37,634 from Fund 1090, ALI 070601 (Public Audit Expense - Intrastate), in FY17, to renew the teammate electronic workpaper software maintenance and support license with Wolters Kluwer Financial Services.
3	AUD0100033 -17	The Auditor of State respectfully requests Controlling Board approval for a waiver of competitive selection in the amount of $222,500.00 from fund 5840, ALI 070603 (Auditor Training Expense), in FY17, to contract with Central Ohio Chapter (COC) Association of Certified Fraud Examiners, Columbus, Franklin County, for co-sponsorship of 2017 Emerging Trends Fraud Conference.
4	AUD0100034 -17	The Auditor of State's Office respectfully requests Controlling Board approval to increase appropriation in the amount of $3,134,000 in fund LI i i

CONTROLLING BOARD
OHIO OFFICE OF BUDGET AND MANAGEMENT

November 14, 2016 Agenda

The meeting of the Controlling Board will be held at 1:30 p.m., in the North Hearing Room of the Statehouse Senate Office Building.

1	SOS0100054 -17	The Secretary of State's Office respectfully requests Controlling Board approval to establish an Appropriation Line Item (ALI), and appropriation authority in the amount of $1,309,070.39 for FY 2017 in Fund 5990, ALI 050628, Litigation Related Expenses to pay half the court ordered attorney fees and expenses in the cases of the Northeast Ohio Coalition for the Homeless (NEOCH), et al., v. Husted, et al., and Service Employees International Union (SEIU), Local 1, et al., v. Husted, et al.
2	SOS0100055 -17	The Secretary of State's Office respectfully requests Controlling Board approval to establish an Appropriation Line Item (ALI), and appropriation authority in the amount of $700,000.00 for FY 2017 in Fund 5990, ALI 050629, Statewide Voter Registration Database, to pay expenses related to the maintenance and support of the SWVRD.
3	UAK0100147 -17	University of Akron respectfully requests Controlling Board approval to release capital appropriation in the amount of $20,840.00 from Fund 7034, ALI C25000 (Basic Renovations - Main), in FY17, for professional design services for the Basic Renovations - Buchtel Hall HVAC Replacement project in Akron, Summit County.
4	UCN0100153 -17	University of Cincinnati respectfully requests Controlling Board approval to release capital appropriation in the amount of $100,900.00 from Fund 7024, ALI C266A3 (Mid-Infrared Optical Micro-Tax), in FY17, and to waive competitive selection to purchase a 9T Liquid Cryogen-Free Superconducting Magnet System from Cryomagnetics, Inc., Oak Ridge, TN, for the NSF-MRI: Development of a Mid-Infrared Optical Microscope for Investigation of Femtosecond Dynamics in Single Large Spin-Orbit Semiconductor Nanostructures in Cincinnati, Hamilton County.
5	CTI0100115 -17	Columbus State Community College respectfully requests Controlling Board approval to release capital appropriation in the amount of $45,749.85 from Fund 7034, ALI C38420 (Technology Upgrades), in FY17, for the Student Study Areas project, a part of the Technology Upgrades project in Columbus, Franklin County.
6	KSU0100263 -17	Kent State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $19,846.00 from Fund 7034, ALI C27008 (Basic Renovations Tuscarawas), in FY17, for the Tuscarawas Founders Hall Cooling Tower Replacement project in New Philadelphia, Tuscarawas County.

7	OSU0100842 -17	The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $27,015.00 from Fund 7034, ALI C315DP (HVAC Repair & Replacements), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $27,015.00 to amend the contract with Karpinski Engineering, Inc., Columbus, Franklin County, for Engineering Services for the Bricker HVAC Repair and Replacements project in Columbus, Franklin County.
8	OSU0100844 -17	The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $24,500.00 from Fund 7034, ALI C315DM (Roof Repair and Replacement), in FY17, and for an agency released competitive opportunity per R.C. 127.162 in the amount of $24,500.00 to contract with CTL Engineering Inc., Columbus, Ohio, Franklin County for additional professional engineering services for the Roof Repair and Replacement project in Columbus, Franklin County.
9	OSU0100845 -17	The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $119,025.00 from Fund 7034, ALI C315FI (Asphalt Repairs - Marion), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $118,025.00 to contract with The Kleingers Group, Westerville, Franklin County, for professional design services for the Marion-Asphalt Repair and Replacement project in Marion, Marion County.
10	OSU0100846 -17	The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $6,300,000.00 from Fund 7034, ALI C315DE (Ohio Library & Info Network), in FY17, and to waive competitive selection to purchase electronic journals and citations from various vendors for the Library Access Consolidation System project in Columbus, Franklin County.
11	OSU0100847 -17	The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $992,275.50 from Fund 7034, ALI C315H3 (Dark Fiber), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $462,750.00 to contract with AT&T, Columbus, Ohio, to purchase equipment for the OARnet Network Equipment project in Columbus, Franklin County.
12	OSU0100848 -17	The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $575,678.00 from Fund 7034, ALI C315H3 (Dark Fiber), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $106,250.00 to contract with AT&T, Columbus, Ohio, to purchase equipment for the OARnet Network Equipment project in Columbus, Franklin County.
13	UTO0100229 -17	University of Toledo respectfully requests Controlling Board approval to release capital appropriation in the amount of $50,400.00 from Fund 7034, ALI C34086 (Fiber Optic Data Closet Upgrades), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $48,900.00 for JDRM Engineering Inc., Sylvania, Ohio, for professional engineering services for the Fiber Optic Data Closet Upgrades project in Toledo, Lucas County.

14 YSU0100124 -17 Youngstown State University respectfully requests Controlling Board approval to transfer capital appropriation in the amount of $21,780.00 from Fund 7034, ALI C34521 (Masonry Restoration) to Fund 7034, ALI C34535 (Building Exterior Repairs) and to release capital appropriation in the amount of $54,730.00 from Fund 7034, ALI C34535 (Building Exterior Repairs), in FY17, for the Building Exterior Renovation project in Youngstown, Mahoning County.

15 BOR0100363 -17 The Department of Higher Education respectfully requests Controlling Board approval to release capital appropriation in the amount of $146,344.34 from Fund 7034, ALI C23502 (Research Facility Action and Investment Funds) and to transfer capital appropriation in the amount of $268,800.50 from Fund 7034, ALI C23502 (Research Facility Action and Investment Funds) to various appropriation line items, in FY17, for the state match portion of Action Fund projects.

16 BOR0100366 -17 The Department of Higher Education respectfully requests Controlling Board approval to transfer capital appropriation in the amount of $6,300,000.00 from Fund 7034, ALI C23516 (Ohio Library and Information Network) to The Ohio State University, Fund 7034, ALI C315DE (Ohio Library and Information Network), in FY17, for the Ohio Library and Information Network Project in Columbus, Franklin County.

17 BOR0100367 -17 The Department of Higher Education respectfully requests Controlling Board approval to transfer capital appropriation in the amount of $1,567,954.00 from Fund 7034, ALI C23532 (OARnet) to The Ohio State University Fund 7034, ALI C315H3 (Dark Fiber), in FY17, for the OARnet Network Equipment project in Columbus, Franklin County.

18 ADJ0100394 -17 The Adjutant General's Department respectfully requests Controlling Board approval to release capital appropriations in the amount of $130,518.60 in Fund 3420, ALI C74539, Renovations and Improvements - Federal to replace the HVAC system and complete interior renovations in Building 3000 at the Camp Perry Joint Training Center located in Port Clinton (Ottawa County).

19 DAS0100889 -17 The Department of Administrative Services respectfully requests Controlling Board approval for an agency-released competitive opportunity in the amount of $6,000 from fund 1320, ALI 100631 (DAS Building Management) in FY 2017 to amend the contract with Sauer Group, Inc., Columbus, Franklin County, to complete work associated with the replacement of sediment separators in the cooling system at the Vern Riffe Center for Government and the Arts.

20 COM0100203 -17 The Department of Commerce respectfully requests Controlling Board approval to increase appropriation in FY17 for Fund 5460, ALI 800610 in the amount of $227,711.00. The additional appropriation in Fund 5460, ALI 800610 will be used to award Firefighter 1 and Firefighter 1-Transition Training Grants to Ohio academic institutions.

21 COM0100204 -17 The Department of Commerce respectfully requests Controlling Board approval for an agency release of competitive opportunity in the amount of $499,900.00 from fund 5460, ALI 800610 (Fire Marshal) in FY17 to contract with Doron Precision Systems of Binghamton, New York to purchase a Mobile Driving Simulation Lab with Assistance to Firefighters Grant (AFG) funding.

22	COM0100205 -17	The Department of Commerce respectfully requests controlling board approval to increase appropriation in the amount of $82,319.00 in Fund 3480, ALI 800624 (Leaking Underground Storage Tank Regulation), in FY17, for the purpose of contracting with minority business vendors to perform Responsible Party Searches.
23	COM0100206 -17	The Department of Commerce respectfully requests Controlling Board approval to increase appropriation in FY17 for Fund 5460, ALI 800610 in the amount of $500,000.00 for Assistance to Firefighters Grant (AFG). The additional appropriation in Fund 5460, ALI 800610 will allow the State Fire Marshal office to purchase a mobile driver training simulator with the grant funding.
24	CLA0100028 -17	The Court of Claims respectfully requests Controlling Board approval to create a new Public Records fund, fund 5TE0, ALI 015604, for FY2017.
25	EDU0100350 -17	The Ohio Department of Education respectfully requests Controlling Board approval to transfer appropriation authority in the amount of $60,000 in Fund 6200, ALI 200615 (Educational Improvement Grants), from FY16 to FY17, for the New Skills for Youth Grant.
26	EPA0100115 -17	The Environmental Protection Agency respectfully requests Controlling Board approval to increase FY17 appropriation authority in the amount of $1,156,900 in fund 4R50, line item 715656, Scrap Tire Management for removal of open-dumped scrap tires, scrap tire program costs, and grants to support Ohio Department of Health efforts to prevent outbreaks of mosquito-borne viruses.
27	EXP0100472 -17	Expositions Commission requests Controlling Board approval to enter into entertainment and related contracts for the 2017 Ohio State Fair and to approve a total budget of $2,268,000.00, from fund 5060, ALI 723601 (Operating Expenses), in FY17, for such contracts.
28	EXP0100473 -17	The Expositions Commission respectfully requests Controlling Board approval to release capital funds in the amount of $6,800.00 from fund 7026, ALI C72312 (Equipment Purchases and Renovations) in FY17 and an agency released competitive opportunity to pay Dell Fixtures, 321 Dering Avenue, Columbus, Ohio, Franklin County for the purchase of four display cases for the Creative Arts Department at the Ohio Expo Center.
29	EXP0100474 -17	The Expositions Commission respectfully requests Controlling Board approval to release capital funds in the amount of $5,598.00 from fund 7026, ALI C72312 (Renovations and Equipment Replacement), in FY17, to pay J.D. Equipment, London, Ohio, Madison County for purchase of two new snowblowers for use at the Ohio Expo Center.
30	JFS0100402 -17	The Ohio Department of Job and Family Services (ODJFS) respectfully requests Controlling Board approval to transfer appropriation authority from SFY 2016 to SFY 2017 in the amount of $892,043.48 in fund 3AW0, ALI 600675.

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35	DMR0100375 -17	The Department of Developmental Disabilities (DODD) respectfully requests Controlling Board approval to increase appropriation authority in the amount of $350,000 for FY17 in fund 2210, line item 322620 Supplement Service Trust.
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50	DRC0101540 -17	Rehabilitation and Correction respectfully requests Controlling Board approval to release capital appropriation in the amount of $300,776.70 from fund 7027, ALI C50136 (General Building Renovation-Statewide), in FY17, for the HVAC System Replacement project at the Correctional Reception Center, Orient, Pickaway County.
51	DRC0101541 -17	Rehabilitation and Correction respectfully requests Controlling Board approval for an agency released competitive opportunity in the not-to-exceed amount of $70,000.00 from fund 2000, ALI 501607 (Ohio Penal Industries), in FY17, to obtain concrete from Carr Bros., Inc., Bedford, Cuyahoga County, for use by Ohio Penal Industries.
52	SFC0100756 -17	The Facilities Construction Commission respectfully requests Controlling Board approval to release and transfer capital appropriation in the amount of $13,989,386.00 from fund 7032, ALI C23002 (SCHOOL BDG PROGRAM ASSISTANCE) to C23018 (STEM Facility Assistance Program) in FY17, to fund two STEM school facility construction projects.
53	SFC0100761 -17	The Ohio Facilities Construction Commission respectfully requests Controlling Board approval to release capital appropriation in the amount of $95,880.00 from Fund 7026, ALI C23016 (Energy Conservation Projects), in FY17, and an agency released competitive opportunity in the amount of $94,000.00 to contract with McNaughton-McKay, 2255 City Gate Drive, Columbus, OH 43219, to upgrade existing interior lighting at the Bureau of Workers Compensation, William Green Building, 30 West Spring Street, Columbus, OH 43215.

54	SFC0100762 -17	The Ohio Facilities Construction Commission respectfully requests Controlling Board approval to release capital funds in the amount of $1,301,357.00, within fund 7032, from ALI C23002 (School Building Assistance), in FY17, for a newly funded school district construction project and two master facility plan amendments.
55	SFC0100763 -17	The Ohio Facilities Construction Commission respectfully requests Controlling Board approval to release capital appropriation in the amount of $732,333.54 to three school districts for Corrective Action Program awards.
56	OSB0100039 -17	The Ohio State School for the Blind respectfully requests Controlling Board approval to waive competitive selection in the amount of $54,870.00 from Fund 3100, ALI 226626, Coordinating Unit in FY17 to contract with Ms. Angela Dibling to provide consultation services to a core early intervention team, administer functional evaluations to determine appropriate services, and provide direct in-person vision services support to address the unique needs of children who are visually impaired.
57	DOT0100534 -17	The Ohio Department of Transportation respectfully requests Controlling Board approval for an agency released competitive opportunity to amend the current contract with Davey Resource Group, Kent, OH, Portage County, in the amount of $49,321.34, from fund 7002, ALI 771412 and 771411 (Planning and Research - Federal and State, respectively), in FY17, to provide two training courses to ODOT staff members.
58	DOT0100538 -17	Transportation respectfully requests Controlling Board approval to waive competitive selection in the amount of $118,426.90 from fund 2120, ALI 772427 (Highway Infrastructure Bank-State), for Fiscal Year 2017 for a change order to the contract with Complete General Construction Company to increase the construction contract amount for the major reconstruction project on IR-270 in Franklin County, for soil stabilization.
59	BWC0100095 -17	The Ohio Bureau of Workers' Compensation (BWC) respectfully requests Controlling Board approval to waive competitive selection in the amount of $68,750 from fund 7023, ALI 855409 (Administrative Services), for FY2017 to contract with Ezra Penland Actuarial Recruitment, Chicago, Illinois, to perform Executive Search services for interested and highly qualified candidates for the position of Director of Actuarial Analysis and / or Manager of Research and Reserves.
60	DYS0100636 -17	The Department of Youth Services respectfully requests Controlling Board approval to release capital funds in the amount of $3,469,811.00 from fund 7028, ALI C47003 (Community Rehabilitation Centers), in FY17, for the General Renovations & Maintenance Repair Projects at the 12 Community Corrections Facilities located throughout the State.
61	DVS0100109 -17	The Department of Veterans Services respectfully requests Controlling Board approval to award an agency released competitive opportunity in the amount of $79,000 from fund 3BX0, ALI 900609 (Medicare Services) in FY17 to ECS Solutions, Tiffin, Seneca County, to provide billing services to the Ohio Veterans Homes. This amount consists of $52,000 for the new contract and $27,000 from a previous contract.

Alexander, Steven

From: Blessing, Heather
Sent: Monday, November 14, 2016 2:03 PM
Subject: 2016-11-14 Controlling Board Actions
Attachments: 2016-11-14 Controlling Board Agenda.pdf

Dear Republican Members and Staff:

A list of Controlling Board actions from the Monday, November 14, 2016 meeting is attached and available online (https://www.ecb.ohio.gov/Public/ShowAgenda.aspx).

All other items were approved without objection. The next meeting of the Controlling Board is scheduled for Monday, December 5, 2016 at 1:30PM in the North Hearing Room of the Statehouse. Please contact me if you have any questions or need of additional information.

Sincerely,
Heather Blessing

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Heather N. Blessing, Esq.
Deputy Legal Counsel / Deputy Budget Director
Office of Speaker Clifford A. Rosenberger
Ohio House of Representatives | 77 S. High Street Columbus, 14th Floor, Ohio 43215
Office: 614.466.9194 | Mobile: 614.352.5819 | Heather.Blessing@ohiohouse.gov

CONTROLLING BOARD
OHIO OFFICE OF BUDGET AND MANAGEMENT

November 14, 2016 Agenda

The meeting of the Controlling Board will be held at 1:30 p.m., in the North Hearing Room of the Statehouse Senate Office Building.

1 SOS0100054 -17 The Secretary of State's Office respectfully requests Controlling Board approval to establish an Appropriation Line Item (ALI), and appropriation authority in the amount of $1,309,070.39 for FY 2017 in Fund 5990, ALI 050628, Litigation Related Expenses to pay half the court ordered attorney fees and expenses in the cases of the Northeast Ohio Coalition for the Homeless (NEOCH), et al., v. Husted, et al., and Service Employees International Union (SEIU), Local 1, et al., v. Husted, et al.

2 SOS0100055 -17 The Secretary of State's Office respectfully requests Controlling Board approval to establish an Appropriation Line Item (ALI), and appropriation authority in the amount of $700,000.00 for FY 2017 in Fund 5990, ALI 050629, Statewide Voter Registration Database, to pay expenses related to the maintenance and support of the SWVRD.

3 UAK0100147 -17 University of Akron respectfully requests Controlling Board approval to release capital appropriation in the amount of $20,840.00 from Fund 7034, ALI C25000 (Basic Renovations - Main), in FY17, for professional design services for the Basic Renovations - Buchtel Hall HVAC Replacement project in Akron, Summit County.

4 UCN0100153 -17 University of Cincinnati respectfully requests Controlling Board approval to release capital appropriation in the amount of $100,900.00 from Fund 7024, ALI C266A3 (Mid-Infrared Optical Micro-Tax), in FY17, and to waive competitive selection to purchase a 9T Liquid Cryogen-Free Superconducting Magnet System from Cryomagnetics, Inc., Oak Ridge, TN, for the NSF-MRI: Development of a Mid-Infrared Optical Microscope for Investigation of Femtosecond Dynamics in Single Large Spin-Orbit Semiconductor Nanostructures in Cincinnati, Hamilton County.

5 CTI0100115 -17 Columbus State Community College respectfully requests Controlling Board approval to release capital appropriation in the amount of $45,749.85 from Fund 7034, ALI C38420 (Technology Upgrades), in FY17, for the Student Study Areas project, a part of the Technology Upgrades project in Columbus, Franklin County.

6 KSU0100263 -17 Kent State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $19,846.00 from Fund 7034, ALI C27008 (Basic Renovations Tuscarawas), in FY17, for the Tuscarawas Founders Hall Cooling Tower Replacement project in New Philadelphia, Tuscarawas County.

7 OSU0100842 -17 The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $27,015.00 from Fund 7034, ALI C315DP (HVAC Repair & Replacements), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $27,015.00 to amend the contract with Karpinski Engineering, Inc., Columbus, Franklin County, for Engineering Services for the Bricker HVAC Repair and Replacements project in Columbus, Franklin County.

8 OSU0100844 -17 The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $24,500.00 from Fund 7034, ALI C315DM (Roof Repair and Replacement), in FY17, and for an agency released competitive opportunity per R.C. 127.162 in the amount of $24,500.00 to contract with CTL Engineering Inc., Columbus, Ohio, Franklin County for additional professional engineering services for the Roof Repair and Replacement project in Columbus, Franklin County.

9 OSU0100845 -17 The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $119,025.00 from Fund 7034, ALI C315FI (Asphalt Repairs - Marion), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $118,025.00 to contract with The Kleingers Group, Westerville, Franklin County, for professional design services for the Marion-Asphalt Repair and Replacement project in Marion, Marion County.

10 OSU0100846 -17 The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $6,300,000.00 from Fund 7034, ALI C315DE (Ohio Library & Info Network), in FY17, and to waive competitive selection to purchase electronic journals and citations from various vendors for the Library Access Consolidation System project in Columbus, Franklin County.

11 OSU0100847 -17 The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $992,275.50 from Fund 7034, ALI C315H3 (Dark Fiber), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $462,750.00 to contract with AT&T, Columbus, Ohio, to purchase equipment for the OARnet Network Equipment project in Columbus, Franklin County.

12 OSU0100848 -17 The Ohio State University respectfully requests Controlling Board approval to release capital appropriation in the amount of $575,678.00 from Fund 7034, ALI C315H3 (Dark Fiber), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $106,250.00 to contract with AT&T, Columbus, Ohio, to purchase equipment for the OARnet Network Equipment project in Columbus, Franklin County.

13 UTO0100229 -17 University of Toledo respectfully requests Controlling Board approval to release capital appropriation in the amount of $50,400.00 from Fund 7034, ALI C34086 (Fiber Optic Data Closet Upgrades), in FY17, and an agency released competitive opportunity per R.C. 127.162 in the amount of $48,900.00 for JDRM Engineering Inc., Sylvania, Ohio, for professional engineering services for the Fiber Optic Data Closet Upgrades project in Toledo, Lucas County.

14	YSU0100124 -17	Youngstown State University respectfully requests Controlling Board approval to transfer capital appropriation in the amount of $21,780.00 from Fund 7034, ALI C34521 (Masonry Restoration) to Fund 7034, ALI C34535 (Building Exterior Repairs) and to release capital appropriation in the amount of $54,730.00 from Fund 7034, ALI C34535 (Building Exterior Repairs), in FY17, for the Building Exterior Renovation project in Youngstown, Mahoning County.
15	BOR0100363 -17	The Department of Higher Education respectfully requests Controlling Board approval to release capital appropriation in the amount of $146,344.34 from Fund 7034, ALI C23502 (Research Facility Action and Investment Funds) and to transfer capital appropriation in the amount of $268,800.50 from Fund 7034, ALI C23502 (Research Facility Action and Investment Funds) to various appropriation line items, in FY17, for the state match portion of Action Fund projects.
16	BOR0100366 -17	The Department of Higher Education respectfully requests Controlling Board approval to transfer capital appropriation in the amount of $6,300,000.00 from Fund 7034, ALI C23516 (Ohio Library and Information Network) to The Ohio State University, Fund 7034, ALI C315DE (Ohio Library and Information Network), in FY17, for the Ohio Library and Information Network Project in Columbus, Franklin County.
17	BOR0100367 -17	The Department of Higher Education respectfully requests Controlling Board approval to transfer capital appropriation in the amount of $1,567,954.00 from Fund 7034, ALI C23532 (OARnet) to The Ohio State University Fund 7034, ALI C315H3 (Dark Fiber), in FY17, for the OARnet Network Equipment project in Columbus, Franklin County.
18	ADJ0100394 -17	The Adjutant General's Department respectfully requests Controlling Board approval to release capital appropriations in the amount of $130,518.60 in Fund 3420, ALI C74539, Renovations and Improvements - Federal to replace the HVAC system and complete interior renovations in Building 3000 at the Camp Perry Joint Training Center located in Port Clinton (Ottawa County).
19	DAS0100889 -17	The Department of Administrative Services respectfully requests Controlling Board approval for an agency-released competitive opportunity in the amount of $6,000 from fund 1320, ALI 100631 (DAS Building Management) in FY 2017 to amend the contract with Sauer Group, Inc., Columbus, Franklin County, to complete work associated with the replacement of sediment separators in the cooling system at the Vern Riffe Center for Government and the Arts.
20	COM0100203 -17	The Department of Commerce respectfully requests Controlling Board approval to increase appropriation in FY17 for Fund 5460, ALI 800610 in the amount of $227,711.00. The additional appropriation in Fund 5460, ALI 800610 will be used to award Firefighter 1 and Firefighter 1-Transition Training Grants to Ohio academic institutions.
21	COM0100204 -17	The Department of Commerce respectfully requests Controlling Board approval for an agency release of competitive opportunity in the amount of $499,900.00 from fund 5460, ALI 800610 (Fire Marshal) in FY17 to contract with Doron Precision Systems of Binghamton, New York to purchase a Mobile Driving Simulation Lab with Assistance to Firefighters Grant (AFG) funding.

22 COM0100205 -17 The Department of Commerce respectfully requests controlling board approval to increase appropriation in the amount of $82,319.00 in Fund 3480, ALI 800624 (Leaking Underground Storage Tank Regulation), in FY17, for the purpose of contracting with minority business vendors to perform Responsible Party Searches.

23 COM0100206 -17 The Department of Commerce respectfully requests Controlling Board approval to increase appropriation in FY17 for Fund 5460, ALI 800610 in the amount of $500,000.00 for Assistance to Firefighters Grant (AFG). The additional appropriation in Fund 5460, ALI 800610 will allow the State Fire Marshal office to purchase a mobile driver training simulator with the grant funding.

24 CLA0100028 -17 The Court of Claims respectfully requests Controlling Board approval to create a new Public Records fund, fund 5TE0, ALI 015604, for FY2017.

25 EDU0100350 -17 The Ohio Department of Education respectfully requests Controlling Board approval to transfer appropriation authority in the amount of $60,000 in Fund 6200, ALI 200615 (Educational Improvement Grants), from FY16 to FY17, for the New Skills for Youth Grant.

26 EPA0100115 -17 The Environmental Protection Agency respectfully requests Controlling Board approval to increase FY17 appropriation authority in the amount of $1,156,900 in fund 4R50, line item 715656, Scrap Tire Management for removal of open-dumped scrap tires, scrap tire program costs, and grants to support Ohio Department of Health efforts to prevent outbreaks of mosquito-borne viruses.

27 EXP0100472 -17 Expositions Commission requests Controlling Board approval to enter into entertainment and related contracts for the 2017 Ohio State Fair and to approve a total budget of $2,268,000.00, from fund 5060, ALI 723601 (Operating Expenses), in FY17, for such contracts.

28 EXP0100473 -17 The Expositions Commission respectfully requests Controlling Board approval to release capital funds in the amount of $6,800.00 from fund 7026, ALI C72312 (Equipment Purchases and Renovations) in FY17 and an agency released competitive opportunity to pay Dell Fixtures, 321 Dering Avenue, Columbus, Ohio, Franklin County for the purchase of four display cases for the Creative Arts Department at the Ohio Expo Center.

29 EXP0100474 -17 The Expositions Commission respectfully requests Controlling Board approval to release capital funds in the amount of $5,598.00 from fund 7026, ALI C72312 (Renovations and Equipment Replacement), in FY17, to pay J.D. Equipment, London, Ohio, Madison County for purchase of two new snowblowers for use at the Ohio Expo Center.

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40	DNR0101218 -17	The Department of Natural Resources respectfully requests Controlling Board approval for an agency released competitive opportunity in the amount of $62,000.00, from fund 5310, ALI 725648 - Reclamation Supplemental Forfeiture, in FY17, to contract with Pinnacle Actuarial Resources, Inc., Bloomington, IL, to evaluate solvency of the Reclamation Forfeiture Fund.
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46 DRC0101536 -17 Rehabilitation and Correction respectfully requests Controlling Board approval to release capital appropriation in the amount of $1,139,427.30 from fund 7027, ALI C50136 (General Building Renovation-Statewide), in FY17, and for an agency released competitive opportunity in the amount of $1,035,843.00 for Blakley Corporation, Indianapolis, Indiana, for the Tuck Pointing project at the London Correctional Institution, London, Madison County.

47 DRC0101537 -17 Rehabilitation and Correction respectfully requests Controlling Board approval for a waiver of competitive selection in the amount of $219,800.00 from fund GRF, ALI 501321 (Institutional Operations), in FY17, to purchase Dialysis Machines from Baxter Health Care Corporation, Newark, New Jersey, for the Frazier Health Center at the Pickaway Correctional Institution, Orient, Pickaway County.

48 DRC0101538 -17 Rehabilitation and Correction respectfully requests Controlling Board approval to release capital appropriation in the amount of $79,450.00 from fund GRF, ALI C50136 (General Building Renovation-Statewide), in FY17, for Energy Efficiency Upgrades at the Marion Correctional Institution, Marion, Marion County.

49 DRC0101539 -17 Rehabilitation and Correction respectfully requests Controlling Board approval for an agency released competitive opportunity in the amount of $162,240.00 from fund SA50, ALI 501607 (State and Non-Federal Awards), in FY17, to purchase a replacement switch gear from Bryson Tucker Electric LLC, Toledo, Lucas County, for the Toledo Correctional Institution, Toledo, Lucas County.

50 DRC0101540 -17 Rehabilitation and Correction respectfully requests Controlling Board approval to release capital appropriation in the amount of $300,776.70 from fund 7027, ALI C50136 (General Building Renovation-Statewide), in FY17, for the HVAC System Replacement project at the Correctional Reception Center, Orient, Pickaway County.

51 DRC0101541 -17 Rehabilitation and Correction respectfully requests Controlling Board approval for an agency released competitive opportunity in the not-to-exceed amount of $70,000.00 from fund 2000, ALI 501607 (Ohio Penal Industries), in FY17, to obtain concrete from Carr Bros., Inc., Bedford, Cuyahoga County, for use by Ohio Penal Industries.

52 SFC0100756 -17 The Facilities Construction Commission respectfully requests Controlling Board approval to release and transfer capital appropriation in the amount of $13,989,386.00 from fund 7032, ALI C23002 (SCHOOL BDG PROGRAM ASSISTANCE) to C23018 (STEM Facility Assistance Program) in FY17, to fund two STEM school facility construction projects.

53 SFC0100761 -17 The Ohio Facilities Construction Commission respectfully requests Controlling Board approval to release capital appropriation in the amount of $95,880.00 from Fund 7026, ALI C23016 (Energy Conservation Projects), in FY17, and an agency released competitive opportunity in the amount of $94,000.00 to contract with McNaughton-McKay, 2255 City Gate Drive, Columbus, OH 43219, to upgrade existing interior lighting at the Bureau of Workers Compensation, William Green Building, 30 West Spring Street, Columbus, OH 43215.

54 SFC0100762 -17 The Ohio Facilities Construction Commission respectfully requests Controlling Board approval to release capital funds in the amount of $1,301,357.00, within fund 7032, from ALI C23002 (School Building Assistance), in FY17, for a newly funded school district construction project and two master facility plan amendments.

55 SFC0100763 -17 The Ohio Facilities Construction Commission respectfully requests Controlling Board approval to release capital appropriation in the amount of $732,333.54 to three school districts for Corrective Action Program awards.

56 OSB0100039 -17 The Ohio State School for the Blind respectfully requests Controlling Board approval to waive competitive selection in the amount of $54,870.00 from Fund 3100, ALI 226626, Coordinating Unit in FY17 to contract with Ms. Angela Dibling to provide consultation services to a core early intervention team, administer functional evaluations to determine appropriate services, and provide direct in-person vision services support to address the unique needs of children who are visually impaired.

57 DOT0100534 -17 The Ohio Department of Transportation respectfully requests Controlling Board approval for an agency released competitive opportunity to amend the current contract with Davey Resource Group, Kent, OH, Portage County, in the amount of $49,321.34, from fund 7002, ALI 771412 and 771411 (Planning and Research - Federal and State, respectively), in FY17, to provide two training courses to ODOT staff members.

58 DOT0100538 -17 Transportation respectfully requests Controlling Board approval to waive competitive selection in the amount of $118,426.90 from fund 2120, ALI 772427 (Highway Infrastructure Bank-State), for Fiscal Year 2017 for a change order to the contract with Complete General Construction Company to increase the construction contract amount for the major reconstruction project on IR-270 in Franklin County, for soil stabilization.

59 BWC0100095 -17 The Ohio Bureau of Workers' Compensation (BWC) respectfully requests Controlling Board approval to waive competitive selection in the amount of $68,750 from fund 7023, ALI 855409 (Administrative Services), for FY2017 to contract with Ezra Penland Actuarial Recruitment, Chicago, Illinois, to perform Executive Search services for interested and highly qualified candidates for the position of Director of Actuarial Analysis and / or Manager of Research and Reserves.

60 DYS0100636 -17 The Department of Youth Services respectfully requests Controlling Board approval to release capital funds in the amount of $3,469,811.00 from fund 7028, ALI C47003 (Community Rehabilitation Centers), in FY17, for the General Renovations & Maintenance Repair Projects at the 12 Community Corrections Facilities located throughout the State.

61 DVS0100109 -17 The Department of Veterans Services respectfully requests Controlling Board approval to award an agency released competitive opportunity in the amount of $79,000 from fund 3BX0, ALI 900609 (Medicare Services) in FY17 to ECS Solutions, Tiffin, Seneca County, to provide billing services to the Ohio Veterans Homes. This amount consists of $52,000 for the new contract and $27,000 from a previous contract.

Alexander, Steven

From: Gongwer News Service <gongwerreports@gongwer-oh.com>
Sent: Friday, June 24, 2016 8:54 AM
To: Alexander, Steven
Subject: Gongwer News Service Ohio Media Clips

GONGWER Ohio
The Record of Capitol Square Since 1906

Ohio News & Opinion For June 24, 2016

News

Government administrators aim to go lean at Ohio conference (Associated Press, 6/24/2016)

Inmate walks off job site in Logan (Athens Messenger, 6/24/2016)

Donald Trump finally hires Ohio campaign manager (Cincinnati Enquirer, 6/24/2016)

Hillary Clinton coming to Cincinnati Monday with Elizabeth Warren (Cincinnati Enquirer, 6/24/2016)

Poll: Ohio divided on transgender bathrooms (Cincinnati Enquirer, 6/24/2016)

Judge overturns Cleveland's restrictions on RNC protests: Ohio Politics Roundup (Cleveland Plain Dealer, 6/24/2016)

Ohio Democrats to push package of gay rights bills: What to watch for Friday (Cleveland Plain Dealer, 6/24/2016)

Proposed amendment advocating prayer in Ohio schools rejected on technicality (Cleveland Plain Dealer, 6/24/2016)

Rob Portman to help rehabilitate homes for Habitat for Humanity during Republican National Convention (Cleveland Plain Dealer, 6/24/2016)

Kasich's Democratic pick for PUCO raises Statehouse concerns over 'past activism' (Columbus Business First, 6/24/2016)

Advocates seek return to civility amid caustic campaign (Columbus Dispatch, 6/24/2016)

Campaign veteran Bob Paduchik to lead Trump's Ohio campaign (Columbus Dispatch, 6/24/2016)

Ohio recognized for cutting government red tape, saving money (Columbus Dispatch, 6/24/2016)

Ohioans in poll oppose choice for transgender bathroom use (Columbus Dispatch, 6/24/2016)

State to crack down on drunken boating (Columbus Dispatch, 6/24/2016)

Voters support Ohio library building boom (Dayton Daily News, 6/24/2016)

Advocates call for more civility in election discourse (Toledo Blade, 6/24/2016)

Editorials

Gun violence and GOP inaction (Akron Beacon Journal, 6/24/2016)

Cleveland's onerous restrictions on RNC protests must go: editorial (Cleveland Plain Dealer, 6/24/2016)

Dump Trump effort, revived: Editorial Board Roundtable (Cleveland Plain Dealer, 6/24/2016)

SEIU's $15 minimum wage issue targets Cleveland for all the wrong reasons: Brent Larkin (Cleveland Plain Dealer, 6/24/2016)

Many owe their lives to Coleman (Columbus Dispatch, 6/24/2016)

Can't 97 senators pass a bill? (Toledo Blade, 6/24/2016)

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Alexander, Steven

From: Parsons, Jason
Sent: Friday, May 13, 2016 10:57 AM
To: Parsons, Jason
Subject: REMINDER: Open Enrollment 2016! Important Changes to Health Care
Attachments: 2016-2017 Pathways Open Enrollment.pdf; Open Enrollment 2016.ppsx

Importance: High

REMINDER: Open Enrollment ends today. Please contact me if you need assistance.

Jason Parsons
Payroll & Benefits Officer
Ohio House of Representatives
(614) 466-2114

From: Parsons, Jason
Sent: Friday, April 29, 2016 8:05 AM
To: Parsons, Jason
Subject: Open Enrollment 2016! Important Changes to Health Care
Importance: High

Please read the information listed below, along with the attached power point, as they outline significant changes for the upcoming benefit year!

Open Enrollment 2016 will take place May 2 through May 13, 2016. All changes made during open enrollment will take effect July 1, 2016 and remain effective through June 30, 2017.

Medical Coverage

- **Third Party Administrators**
  - There will be three third-party administrators (TPA) of the Ohio Med PPO- Aetna, Anthem and Medical Mutual.
    - United Healthcare will no longer administer the Ohio Med PPO plan.
  - Employees will be assigned an administrator based upon their home zip code.
    - The new zip code chart can be found on page 7 of the attached Pathways to Open Enrollment.
  - Employees will automatically be assigned to the new TPA. No action is necessary; new ID cards will be received prior to July 1, 2016.

- **HB 1 Dependents**
  - Dependents over the age of 26 are no longer eligible for State of Ohio medical benefits.

- **Rates**
  - The rates are increasing after two years of little to no increase.
  - Specific rates can be found on page 9 of the attached Pathways to Open Enrollment.

Prescription Coverage

- OptumRx (formerly Catamaran Rx) will provide prescription drug coverage.
- All employees will receive new ID cards prior to July 1, 2016.
- No action is necessary.

Below is the link to the DAS website for open enrollment:

http://www.das.ohio.gov/OpenEnrollment

IF YOU DO NOT HAVE A CHANGE IN STATUS OR DEPENDENTS, YOU DO NOT NEED TO DO ANYTHING DURING OPEN ENROLLMENT.

If you prefer to review a hard copy of the Pathways to Open Enrollment, there are copies available in the 12th floor administrative office. Feel free to contact me regarding any questions or concerns with the 2016 Open Enrollment.

Jason Parsons
Payroll & Benefits Officer
Ohio House of Representatives
(614) 466-2114

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES + THE JOINT HEALTH CARE COMMITTEE

Pathways to myBenefits

2016 OPEN ENROLLMENT MAY 2-13

The Joint Health Care Committee

The labor-management partnership overseeing the State of Ohio employee health care fund

CO-CHAIRS:

KELLY PHILLIPS
Co-Chair, Labor;
Ohio Civil Service Employees Association (OCSEA)

KATE NICHOLSON
Co-Chair, Management;
Ohio Department of Administrative Services

MANAGEMENT REPRESENTATIVES:

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Ohio Department of Administrative Services

TONI BROKAW-FARMER
Ohio Bureau of Workers' Compensation

KATHLEEN MADDEN
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Ohio Department of Administrative Services

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Ohio Office of Budget and Management

JAN ROEDERER
Opportunities for Ohioans with Disabilities

AMY SHERRETS
Ohio Department of Developmental Disabilities

ANGELA SHULL
Ohio Department of Rehabilitation and Correction

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OCSEA REPRESENTATIVES

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Ohio Department of Job and Family Services

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BRUCE THOMPSON
State Board of Directors;
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BARBARA MONTGOMERY
Ohio Department of Medicaid

OHIO STATE TROOPERS ASSOCIATION REPRESENTATIVE
ELAINE SILVEIRA
Ohio State Troopers Association

Contents

2016 Benefits Overview

Welcome to the 2016 Open Enrollment edition of *Pathways to myBenefits* magazine. The purpose of this edition is to inform you and your family about the State of Ohio's employee health care benefits available this coming benefit year, which begins July 1, 2016.

Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision and supplemental life insurance coverage during the Open Enrollment period, which will be held Monday, May 2 through Friday, May 13.

If you already are enrolled in benefits, please review your Benefits Summary by logging in to myOhio.gov and clicking the myBenefits button to access your benefits information, as well as your dependents, if applicable. Ensure your dependents still meet the eligibility requirements by visiting das.ohio.gov/EligibilityRequirements. If you do not have any changes to your coverage, no additional action is required. If you wish to waive your current health coverage, you will need to do so during Open Enrollment.

Important Changes for the Upcoming Benefit Year

- Third-Party Administrators (TPA) – Effective July 1, 2016, there will be three third-party administrators for the Ohio Med PPO – Aetna, Anthem and Medical Mutual of Ohio. See Page 7 for more information.
- Enrolled employees will receive new medical and prescription drug ID cards.
- Optum's Family Support Program – For families who are dealing with substance use issues, a new program offers resources and support. For details, visit das.ohio.gov/behavioralhealth.
- House Bill 1 (HB1) Dependents: Pursuant to Amended Substitute House Bill 201, effective July 1, 2016, HB1 dependents will no longer be eligible for the State of Ohio's medical benefits. Dependents may be eligible for COBRA.
- OptumRx has acquired Catamaran and is the prescription drug third-party administrator. The prescription drug benefit will remain the same.

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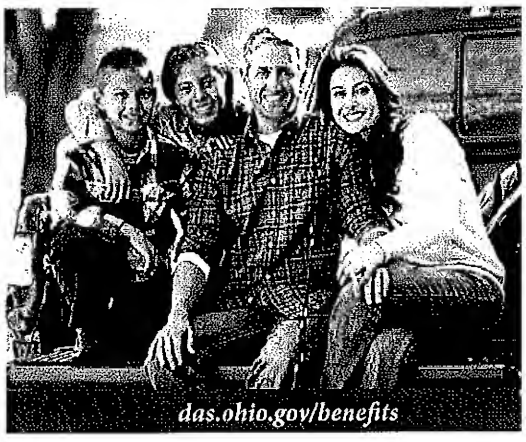


Benefits Enrollment Instructions

To enroll, disenroll or make changes, please follow the steps below:

1. Review information about available benefits by carefully reading this Open Enrollment edition of *Pathways to myBenefits.* If you have questions, contact your agency benefits representative, human resources office or the Ohio Department of Administrative Services' HR Customer Service desk at 800-409-1205, select Option 2.
2. Enroll in medical, dental and vision coverage or make changes to you and/or your dependents' current coverage by going online to myOhio.gov or by obtaining a paper form.

A. Online

- Go to myOhio.gov. Enter your State of Ohio User ID and password. If you have forgotten your State of Ohio User ID or password, contact HR Customer Service by calling toll-free, 800-409-1205, or in Columbus, 614-466-8857. Make sure to select Option 1 when prompted;
- Click on **myBenefits** under Self Service Quick Access on the right side of the page;
- The Benefits Summary page will open; review your current benefit information;
- Click on **Enroll in Benefits and make the necessary changes or updates.**
  - Submit your enrollment or changes. **All transactions must be completed, submitted and confirmed prior to 7 p.m. Friday, May 13. The system will not accept any entries after 7 p.m. Friday, May 13.** Make sure your online changes are correctly submitted by clicking the **SUBMIT** button on the last two pages of the process. At the end, you will receive a confirmation message that can be printed for your records.
    - For detailed instructions on how to enroll or disenroll online, go to: das.ohio.gov/EnrollmentInstructions.
    - Online Open Enrollment is available Monday, May 2 through Friday, May 13, 2016, as follows:

      Weekdays – All day except 7 to 9 p.m.
      Saturdays – All day except 4 to 6 p.m.
      Sundays – All day except 4 p.m. to midnight

B. Paper

- For medical coverage for all eligible employees and dental and vision coverage for exempt employees, obtain a paper State of Ohio Benefit Enrollment/Change Form (ADM 4717) on the Benefits Administration website at: das.ohio.gov/HealthCareForms or from your agency's human resources office.
- For all bargaining unit members, forms to change dental and vision coverage are available at benefitstrust.org, then click the Forms & Info link.
- Submit your enrollment or changes by giving your completed and signed State of Ohio Benefit Enrollment/Change Form (ADM4717) and/or the Union Benefits Trust Dental & Vision Enrollment Form to your agency's human resources office by 4 p.m. Friday, May 13.

Following Open Enrollment, all eligible employees will receive a confirmation letter in the mail. This letter should arrive in early June. Please review this letter carefully to ensure your enrollment elections have been processed correctly.

myOhio

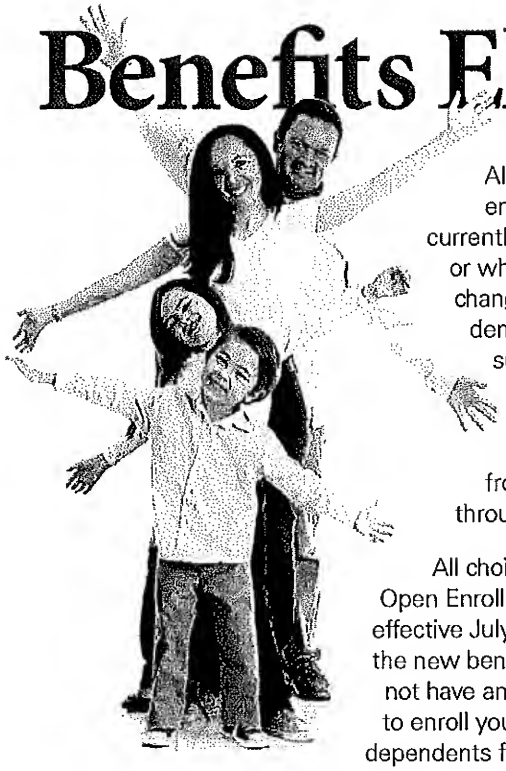
IMPORTANT

If you are enrolling for the first time and/or adding new dependents during this Open Enrollment, you must provide the required eligibility documentation for your dependents. A listing of the required documentation can be found at: das.ohio.gov/EligibilityRequirements.

Coverage will not be provided for dependents until the eligibility documents are received and approved. The final deadline to submit all required documentation is July 31.

You will not have another opportunity to enroll yourself or eligible dependents for benefits or make changes to your elections until the next Open Enrollment unless you experience a change in status/qualifying event.

Benefits Eligibility



All eligible employees who currently are not enrolled or who need to make changes to medical, dental, vision or supplemental life can only do so during Open Enrollment, held from Monday, May 2 through Friday, May 13.

All choices made during Open Enrollment will become effective July 1, which begins the new benefit year. You will not have another opportunity to enroll yourself or eligible dependents for benefits or make changes to your elections until the next Open Enrollment unless you experience a change in status/qualifying event, such as marriage, divorce, or the birth or adoption of a child.

For more information about qualifying events:

1. Go to das.ohio.gov/benefits;
2. Click on the link for the Change in Status/Qualifying Events Matrix along the right navigation pane.

ELIGIBILITY FOR BENEFITS
Employees

- Medical – Most state employees are eligible to enroll in medical coverage (which includes prescription drug, behavioral health and wellness benefits) during Open Enrollment or within 31 days from their hire date. Benefits are effective the first day of the month following the date of hire. Changes made during Open Enrollment are effective July 1. *For more information on non-permanent employees becoming newly eligible for coverage pursuant to the Patient Protection and Affordable Care Act, please see the das.ohio.gov/EligibilityRequirements Web page.*
- Dental and Vision – Permanent exempt and union-represented employees are eligible to enroll in dental and vision coverage effective the first day of the month after completing one full year of continuous state service or thereafter during Open Enrollment.
- Basic Life – Permanent exempt and union-represented employees are eligible for basic life coverage after completing one full year of continuous state service. Enrollment is automatic. The basic life insurance benefit for union-represented employees is provided through Prudential. The exempt employees' basic life insurance benefit is provided through Minnesota Life.
- Supplemental Life – Permanent exempt and union-represented employees are eligible for coverage on their date of hire and have 90 days to enroll.* Permanent exempt and union-represented employees also may enroll or make changes during Open Enrollment. The supplemental life insurance benefit for union-represented employees is provided through Prudential. The exempt employees' supplemental life insurance benefit is provided through Minnesota Life.

* Certain new enrollments or increases are subject to evidence of insurability and may delay the effective date of coverage.

ELIGIBILITY FOR BENEFITS
Dependents

To view the detailed eligibility and enrollment requirements for all dependents, visit: das.ohio.gov/EligibilityRequirements.

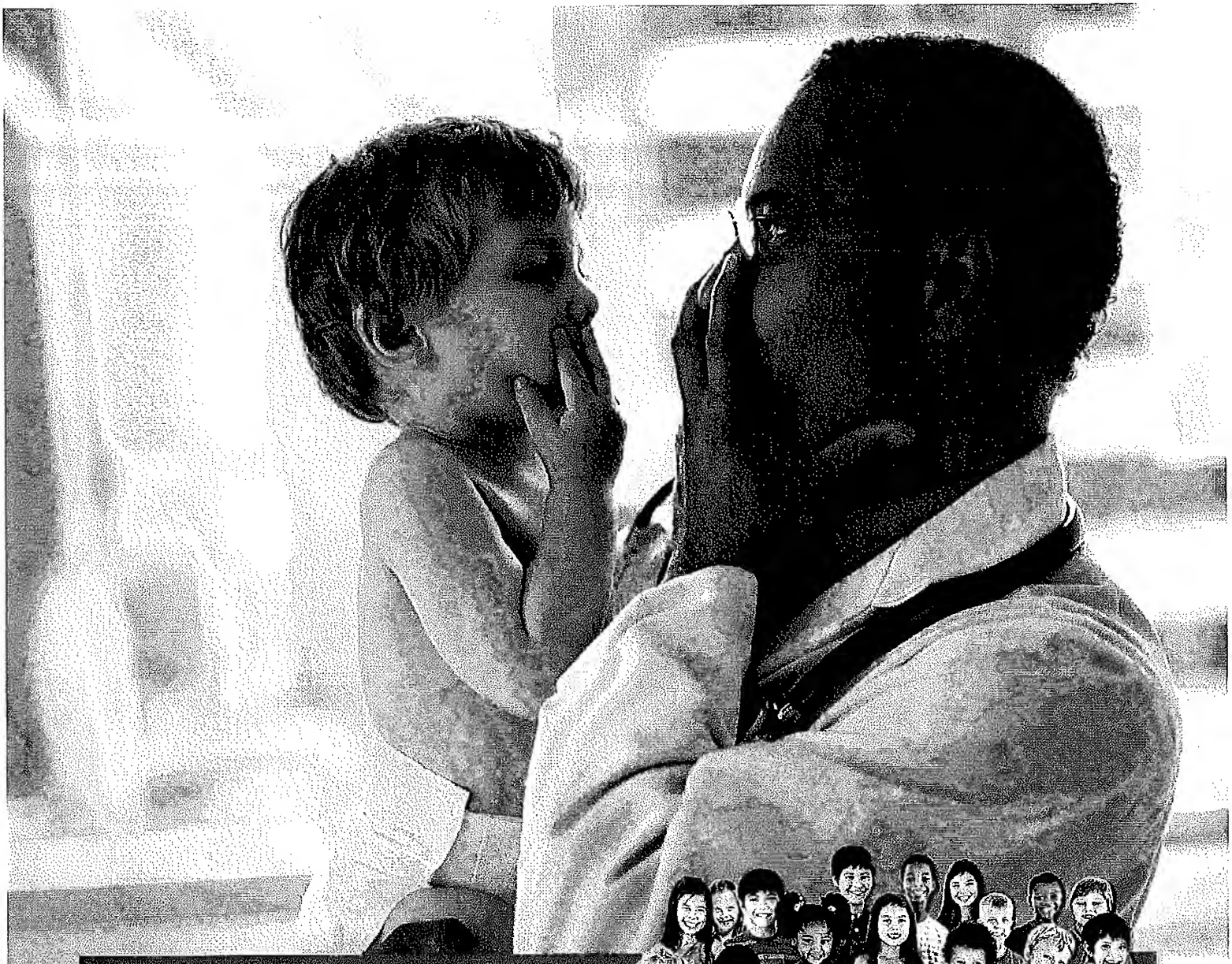
Note: To ensure that dependent documentation is processed prior to July 1, it is recommended that employees submit all required eligibility documentation for dependents to your agency human resources office by June 1. The final deadline to submit all required documentation is July 31.

Due to various federal and state regulations regarding dependent children, please refer to the chart on Page 6 for more guidance.

Did you know?

In the event of a qualifying life event, such as a marriage, divorce, birth, adoption of a child or a child reaching the age of ineligibility, you have 31 days to add or remove dependents to or from coverage. If you wait longer than 31 days, you will have to wait until the next Open Enrollment period to make the change. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

It is your responsibility to contact your agency human resources office when one of your enrolled dependents is, or becomes, ineligible for benefits coverage.



Eligibility for Benefits

DEPENDENT CATEGORY	MEDICAL	DENTAL	VISION	SUPPLEMENTAL LIFE
Children younger than age 23	Coverage available for eligible dependents[1]	Coverage available for eligible dependents[2]	Coverage available for eligible dependents[2]	Coverage available for eligible dependents
Children ages 23 - 25	Coverage available for eligible dependents[1]	No coverage available	No coverage available	Coverage available for eligible dependents

[1] View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.

[2] Student verification is needed for dependents age 19 up to age 23. View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.

Note: When one of your enrolled dependents is, or becomes, ineligible for benefits coverage based on the state's definition of eligibility, it is your responsibility to contact your agency benefits specialist (or human resources office) immediately to remove them from your coverage. Your dependent may be eligible to continue their medical, dental and/or vision benefits through COBRA (continuation coverage) if you notify your agency benefits specialist (or human resources office) within 60 days after the qualifying event.

Enrollment or continuation of an ineligible dependent may result in loss of benefits, disciplinary action and/or repayment of claims. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

Medical Benefits

The State of Ohio is contracting with Aetna, Anthem and Medical Mutual of Ohio to serve as the third-party administrators for the Ohio Med Preferred Provider Organization (PPO) beginning July 1, 2016. The plan design is the same for all three third-party administrators. Under this plan, employees have access to both network and non-network providers.

Aetna, Anthem and Medical Mutual will each serve specific regions in Ohio based on home ZIP codes. You will be assigned your third-party administrator based on the first three digits of your home ZIP code. Review the chart on the right that features the ZIP code breakdown by plan administrator. Employees who live outside of Ohio are automatically enrolled in Anthem.

For deduction information, see the charts on Page 9.

When you are enrolled in medical coverage, you automatically gain prescription drug, behavioral health and wellness benefits. Copayments, deductibles and co-insurance are combined with your behavioral health plan. If you receive medical services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before the plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

TO OBTAIN INFORMATION FROM YOUR THIRD-PARTY ADMINISTRATOR:

If you would like to receive information about the plan, providers and ancilary programs from your assigned third-party administrator – Aetna, Anthem or Medical Mutual – refer to the Health and Other Benefits Contacts information on Page 17. You can visit your third-party administrator's website to download and print the information or call their customer service unit to request that it be mailed to you.

SAVE MONEY: USE BENEFITS WISELY

All of the State of Ohio's health plans are self-funded. This means that the cost of your benefits is funded by contributions from you and your agency. All claims are paid for from contributions – your third-party administrator does not pay for your claims. Rather, Aetna, Anthem and Medical Mutual review claims and process payments, and are paid an administrative fee. When the amount of paid claims is greater than the amount of contributions from employees and agencies, medical costs go up.

It is up to each of us to use our benefits wisely. We can all do our part by making wellness a priority in our lives, evaluating our options when we need care and avoiding unnecessary visits.

Take advantage of consumer tools provided by our medical third-party administrators that will enable you to shop and find lower costs for the services they provide (MRIs, labs, surgeries, etc.).

Medical Third-Party Administrator ZIP Code Chart

3-Digit ZIP Code		Third-Party Administrator
Columbus Toledo	430 431 432 433 434 435 436 448 449	aetna™ Plan/Network: Aetna Choice POS II (Open Access)
Cincinnati Dayton Southern Ohio Springfield Youngstown Out of State	437 438 439 444 445 450 451 452 453 454 455 456 457 458	Anthem® Plan/Network: Blue Access (PPO)
Akron Cleveland	440 441 442 443 446 447	MEDICAL MUTUAL® Plan/Network: OhioMed

Ohio Med PPO

OUT-OF-POCKET COSTS	
Annual Deductible	Network: $200 single, $400 family; out-of-network: $400 single, $800 family (combined with behavioral health).
Your Copayments (Office Visits)	Network: $20; out-of-network: $30.
Coinsurance	Network: You pay 20%, plan pays 80%; out-of-network: You pay 40%, plan pays 60%.[1]
Your Out-of-Pocket Maximum[3]	Network: $1,500 single, $3,000 family; out-of-network: $3,000 single, $6,000 family[2] (combined with behavioral health).
BENEFIT/SERVICE	**COVERAGE LEVELS**
Chiropractic Care	• Covered at 80% in-network; 60% out-of-network. • Unlimited visits.
Diagnostic, X-Ray and Lab Services	• Covered at 80% in-network; 60% out-of-network.
Durable Medical Equipment	• Covered at 80% in-network; 60% out-of-network.
Emergency Room	• Covered at 80%; $75 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency.
Hearing Loss (Accidental Injury or Illness)	• Covered at 80% in-network; 60% out-of-network. • Exams and follow-ups are included in coverage.
Home Health Care	• Covered at 80% in-network; 60% out-of-network; limit of 180 days.
Hospice Services	• Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network.
Immunizations	• Most are covered at 100% in-network; 60% out-of-network.
Infertility Testing	• Covered at 80% after $20 copay, for in-network; 60% after $30 copay out-of-network. • Coverage includes testing only.
Inpatient and Outpatient Services	• Covered at 80% in-network; 60% out-of-network.
Maternity - Delivery	• Covered at 80% in-network; 60% out-of-network.
Maternity - Prenatal/ Postpartum Care	• Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%.
Physical, Occupational and Speech Therapy	• Covered at 80% in-network; 60% out-of-network. • Unlimited visits (review required). • Includes coverage for Autism Spectrum Disorder.
Preventive Exams and Screenings	• Most preventive care covered at 100% in-network; 60% out-of-network. • Age restrictions may apply.
Skilled Nursing Facility	• Covered at 80%; 180-day limit, additional days covered at 60%, for both in- and out-of-network.
Urgent Care	• $25 copay in-network; $30 copay out-of-network. • Covered at 80% in-network; 60% out-of-network.

[1] Plan pays 60% of Ohio Med PPO's contracted allowable amount and you pay any remaining balance.
[2] If your out-of-network charge is greater than the Ohio Med PPO contracted allowable amount, your out-of-pocket costs will be more.
[3] For prescription drug out-of-pocket cost information, visit das.ohio.gov/prescriptiondrug.

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS[1]			FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS[1]		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	$40.90	$230.68	$271.58	$88.62	$499.83	$588.45
Family Minus Spouse	$111.92	$633.12	$745.04	$242.49	$1,371.75	$1,614.24
Family Plus Spouse[2]	$117.69	$633.12	$750.81	$254.99	$1,371.75	$1,626.74

[1] These rates represent the total amount that will be deducted from your paycheck.

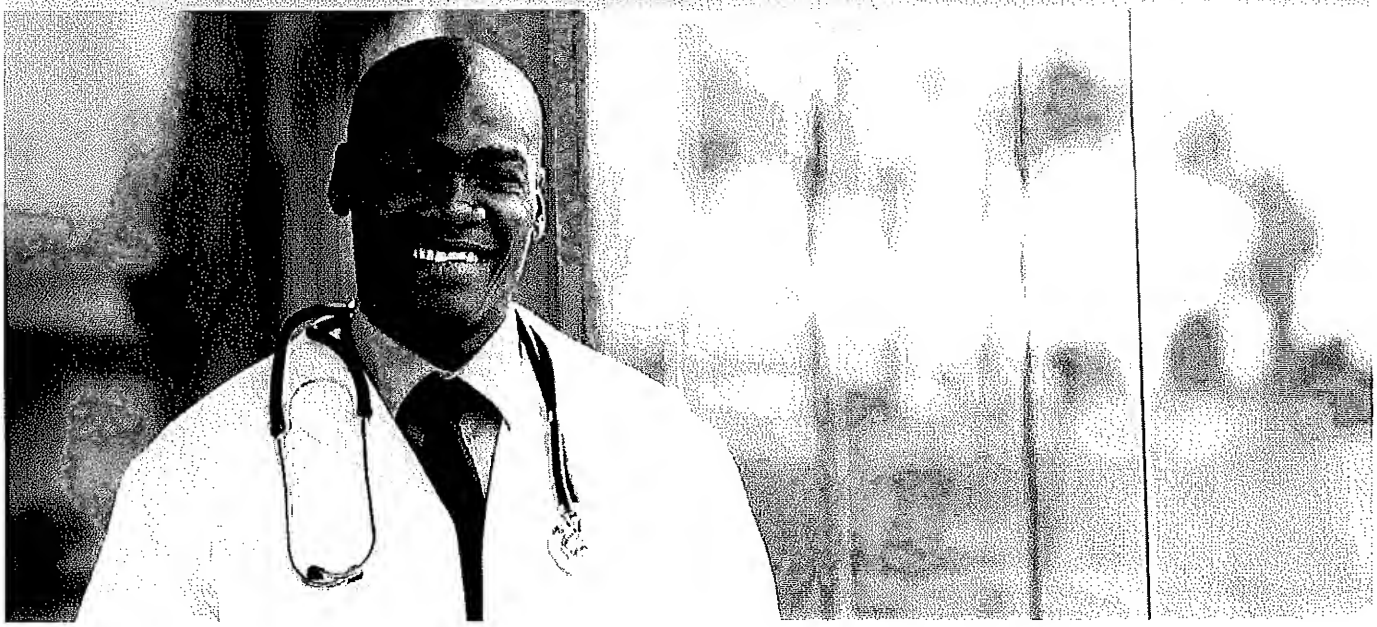
[2] Family Plus Spouse rates above include a charge of $12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

	PART-TIME BIWEEKLY DEDUCTIONS[1] 50% TIER			PART-TIME BIWEEKLY DEDUCTIONS[1] 0% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	$135.79	$135.79	$271.58	$271.58	$0.00	$271.58
Family Minus Spouse	$372.52	$372.52	$745.04	$745.04	$0.00	$745.04
Family Plus Spouse[2]	$378.29	$372.52	$750.81	$750.81	$0.00	$750.81

[1] These rates represent the total amount that will be deducted from your paycheck.

[2] Family Plus Spouse rates above include a charge of $12.50 per month to cover a spouse.



Preventive Care

STAY HEALTHY, SAVE MONEY

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important actions you can take for your health and your family's health is to schedule regular check-ups and screenings with your primary care physician.

Your State of Ohio medical plan offers the following services with no deductible, no copayment and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance and deductible amounts.

FREE EXAMS AND SCREENINGS

Clinical breast exam	1/plan year
Colonoscopy	Every 10 years starting at age 50
Flexible sigmoidoscopy	Every 10 years starting at age 50
Glucose	1/plan year
Gynecological Exam	1/plan year
Hemoglobin, hematocrit or CBC	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year
Mammogram	1 routine and 1 medically necessary/plan year
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services
Stool for occult blood	1/plan year
Urinalysis	1/plan year
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21
Well-person exam (annual physical)	1/plan year

FREE IMMUNIZATIONS

Diphtheria, tetanus, pertussis (DTap)	2/4/6/15-18 months; 4-6 years
Haemophilus influenza b (Hib)	2/4/6/12-15 months
Hepatitis A (HepA)	2 doses between 1-2 years
Hepatitis B (HepB)	Birth; 1-2 months; 6-18 months
Human Papillomavirus (HPV)	3 doses for 9-26 years
Influenza	1/plan year
Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Rotavirus (Rota)	2/4/6 months
Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
Zoster (shingles)	1 dose for age 19 +

This is not an all-inclusive list. Please refer to das.ohio.gov/medical for more information about preventive care services.

Prescription Drug

OptumRx (formerly Catamaran) provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO Plan.

Diabetes Management Program

Members are eligible for free diabetic supplies and medication if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO.

Pharmacy website offers online tracking, tools

The website for OptumRx, OptumRx.com, is a private, secure website. All of your pharmacy plan information is available at your fingertips 24/7.

Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies;
- Find your lowest copay;
- Locate your pharmacy and get driving directions;
- Manage your mail-order prescriptions, including options to request a refill or track an order; and
- Learn more about your prescription drugs.

Visit OptumRx.com today. You will need your pharmacy member ID number located on your OptumRx card to log in. The number begins with the letter "A." (New OptumRx ID cards will be mailed to enrolled employees prior to July 1, 2016.)

For questions, contact OptumRx at 866-854-8850.

Specialty drug management program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis and rheumatoid arthritis must be obtained from the specialty pharmacy Briova and can only be filled for 30 days or less. Your order may be shipped to your home or workplace. A description of the program and a list of specialty medications are available on the Benefits Administration website at das.ohio.gov/prescriptiondrug under the **Specialty Drug List**.

Not all drugs are covered

Some drugs require the use of alternative medications before being approved. This is known as "step therapy." Examples include medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances and high blood pressure as well as atypical antipsychotics and antiviral medications such as Valtrex®. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program discription and a list of medications are on the Benefits Administration website, das.ohio.gov/prescriptiondrug, under "Prescription Drug Updates."

COPAYMENT COSTS

TYPE OF MEDICATION	30-DAY SUPPLY AT RETAIL COPAYMENT	30-DAY SUPPLY SPECIALTY COPAYMENT	90-DAY SUPPLY AT RETAIL COPAYMENT	90-DAY SUPPLY AT MAIL-ORDER COPAYMENT
Generic	$10	$10	$30	$25
Preferred Brand-Name	$25	$25	$75	$62.50
Non-Preferred Brand-Name, Generic Unavailable	$50	$50	$150	$125
Non-Preferred Brand-Name, Generic Available	$50 plus the difference between the cost of the brand-name and generic drug	$50 plus the difference between the cost of the brand-name and generic drug	$150 plus the difference between the cost of the brand-name and generic drug	$125 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	$2,000 single/$4,000 family			

The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.

The maximum copay for oral oncology medications will be $100 for a 30-day supply. For more details, visit das.ohio.gov/prescriptiondrug.

* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.

Behavioral Health

HELP AVAILABLE 24/7

Optum Behavioral Solutions provides specialized behavioral health and substance use services for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO. This program, administered by Optum, provides 24-hours-a-day, seven-days-a-week confidential phone assessment and referral services for a variety of behavioral health issues, such as:

- Alcohol;
- Anger management;
- Anxiety;
- Chemical dependency;
- Compulsive disorders;
- Depression;
- Marital and family issues;
- Serious mental illness; and
- Stress.

Copayments, deductibles and co-insurance are combined with your medical plan. If you receive behavioral health services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

Benefits

Enrolled employees and their dependents have access to both in-network and out-of-network behavioral health benefits. However, you will pay more if you do not use a participating network provider and facility. This is known as balance billing. See the chart on this page for further details.

Support Services

The State of Ohio offers support services through the Ohio Employee Assistance Program (OEAP) for various behavioral health issues, which include behavioral health referrals and consultations for employees and their dependents. Other services include training, critical incident stress management, organizational transition interventions, mediation and a new Family Support Program for dependents up to age 25 who have a substance use problem. For details, visit das.ohio.gov/behavioralhealth.

BEHAVIORAL HEALTH BENEFIT PLAN	
Copayments	• Outpatient office visit in-network: $20 • Outpatient office visit: out-of-network $30 (balance billing applies) • Intensive outpatient care in-network: $20 • Intensive outpatient care out-of-network: $30 (balance billing applies)
Deductibles	• Single in-network: $200 combined with medical • Family in-network: $400 combined with medical • Single out-of-network: $400 combined with medical • Family out-of-network $800 combined with medical
Plan Coinsurance %	• Outpatient in-network: 100% after office visit copay, 80% for other services • Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies) • Inpatient in-network: 80% after deductible • Inpatient out-of-network: 60% after deductible, $350 penalty if not preauthorized
Out-Of-Pocket Maximum	• Single in-network: $1,500 combined with medical • Family in-network: $3,000 combined with medical • Single out-of-network: $3,000 combined with medical • Family out-of-network: $6,000 combined with medical
Other	• Day limits: none • Annual limits: none • Lifetime limits: none • Benefits limits: some

Make Wellness Your Priority

LET *TAKE CHARGE! LIVE WELL!* BE YOUR GUIDE

Your health and wellness is important to us. The State of Ohio offers a robust and comprehensive health and wellness program called *Take Charge! Live Well!*

Take Charge! Live Well! provides the tools, guidance and resources you need to be healthier, happier and more productive, while reducing health care costs.

On a personal level, the benefits of *Take Charge! Live Well!* include:

- Biometric screenings;
- Well-Being 5 Survey;
- Health coaching;
- Rewards for taking steps to improve your health;
- 24-hour Nurse Advice Line;
- Flu vaccinations;
- Health and wellness fairs;
- Weight-loss, fitness and activity challenges;
- A website full of resources, ohio.gov/tclw;
- Online tracking of wellness activities;
- On-site wellness ambassadors to provide information and answer questions; and
- A new Financial Well-Being program by financial expert Dave Ramsey.

Specific programs include:

- Tobacco cessation; and
- Support for chronic disease management.

At an enterprise level, *Take Charge! Live Well!* is designed to:

- Offer preventive care tools and resources to its enrolled members;
- Increase productivity;
- Encourage engagement among employees;
- Improve retention; and
- Contain or reduce health care costs by improving health.

Take Charge! Live Well! supports you in your effort to be your healthiest by helping you identify risks and improve your health.

Employees active in *Take Charge! Live Well!* have expressed that they appreciate the blend of an educational and motivational approach to health and wellness.

For full details, visit the *Take Charge! Live Well!* website at: ohio.gov/tclw.

PATHWAYS TO WELLNESS

Step 1: ASSESS YOUR HEALTH

- Complete your biometric screening through an on-site screening or through your physician: **Earn $75**
- Complete your Well-Being 5 Survey: **Earn $50**

BONUS: Submit BOTH by Nov. 30, 2016: **Earn another $25**

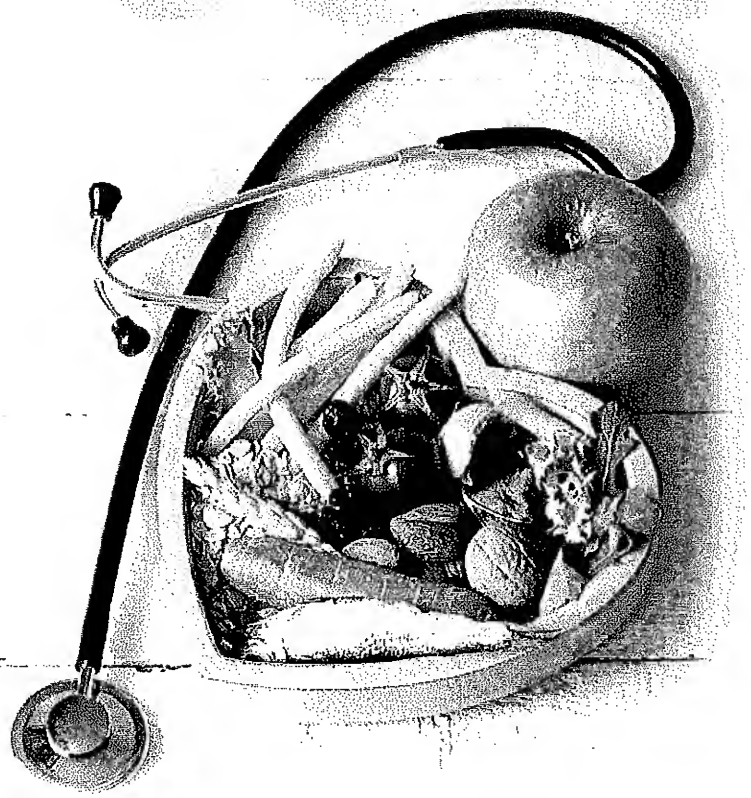
Step 2: TAKE ACTION – It's Your Choice!

- Complete the Coaching Pathway; OR
- Complete the Online Pathway

Earn $200

Reward cards are considered taxable compensation. The taxes on the amount of your incentive will be deducted from your paycheck.

For more detailed information about rewards and the *Take Charge! Live Well!* program, go to the *Take Charge! Live Well!* website at ohio.gov/tclw and click on the **Program Guide** button.



Healthways Website Updates Scheduled

Healthways will be performing annual system updates from July 1 through 14. During this time, Well-Being Connect, the Healthways website, will not be accessible.

Dental and Vision
FOR EXEMPT EMPLOYEES

The State of Ohio pays the full cost for you and your eligible dependents (children younger than age 23[1]) to participate in the dental and vision plans. Exempt employees are eligible to participate in these plans effective the first day of the month after completing one year of continuous state service. Employees receive a letter indicating when they will be eligible for dental coverage.

Delta Dental PPO

Dental coverage is offered through the Delta Dental PPO plan, offered through Delta Dental of Ohio. You can go to any licensed dentist of your choice and receive benefits, but you typically will pay less when you go to an in-network dentist.

Your out-of-pocket expenses will vary depending on the participation status of your dentist. Your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of the Delta Dental networks. For most covered services, Delta Dental pays a higher percentage if you go to a dentist in its PPO network over its Premier network. Delta pays the least for out-of-network dentists.

To find a participating Delta Dental dentist near you, visit or call:

deltadentaloh.com
800-524-0149
Group Number: 9273-0001

Print Your Delta Dental Card Online
If you would like a card to present to your dentist, you may print a card from Delta Dental's website. After you are enrolled in the dental plan, visit deltadentaloh.com and click on **Consumer Toolkit.**

Complete the login process and click on **Print ID Card.** If you are enrolling in the plan for the first time, please wait until July 1 to access the dental site.

Vision Service Plan

Vision coverage is offered through Vision Service Plan (VSP). The VSP Choice network encompasses a large number of providers. If you use a non-network provider, out-of-network charges will apply.

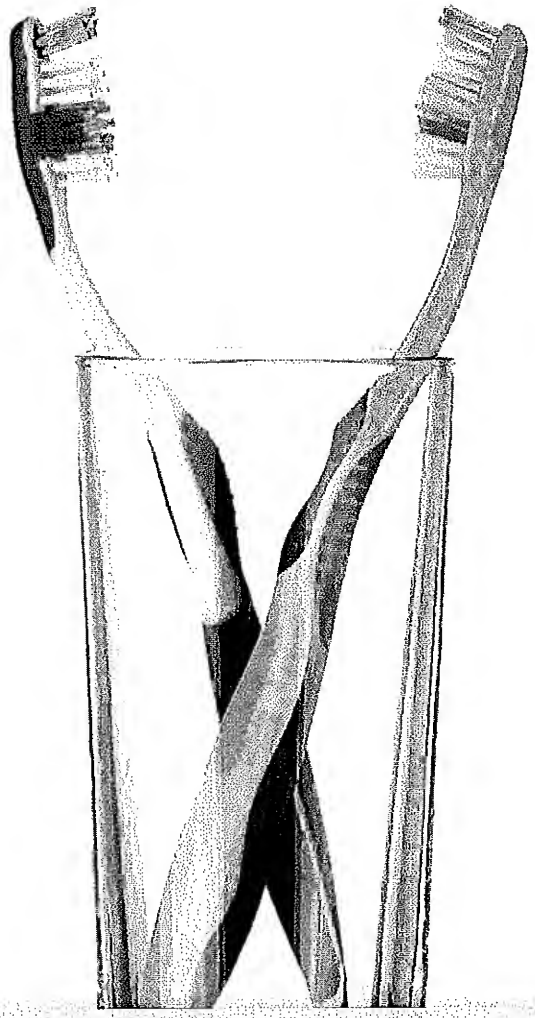
To find a participating VSP vision provider near you, visit or call:

vsp.com
800-877-7195
Group Number: 12022518

Print Your VSP Card Online
If you would like an enrollment card to present to your vision provider, you may print a card through the VSP website. After you are enrolled in the vision plan, visit vsp.com, complete the login process and click on **My Member Vision Card**. If you are enrolling in the vision plan for the first time, wait until July 1 to access the site.

See Page 15 to view the in-network and out-of-network benefits for the dental and vision plans.

[1] View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.



UNION BENEFITS TRUST

For Union-Represented Employees

Union-represented employees receive dental, vision, life and legal plan benefits through Union Benefits Trust (UBT).

The UBT Enrollment Guide will be mailed to union members' homes. The guide includes enrollment/change forms for dental, vision and legal plans. For supplemental life insurance, a separate mailing from Prudential will arrive during the same period. For more information, please visit benefitstrust.org.

DELTA DENTAL PLAN FOR EXEMPT EMPLOYEES

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist*
Annual Maximum	$1,500	$1,500	$1,500*
Diagnostic and Preventive Services	100%	100%	100%*
Basic Restorative Services (e.g., fillings)	100%	65%	65%*
Major Restorative Services (e.g., crowns, bridges)	60%	50%	50%*
Orthodontia	50% up to $1,500 lifetime maximum	50% up to $1,500 lifetime maximum	50% up to $1,500* lifetime maximum

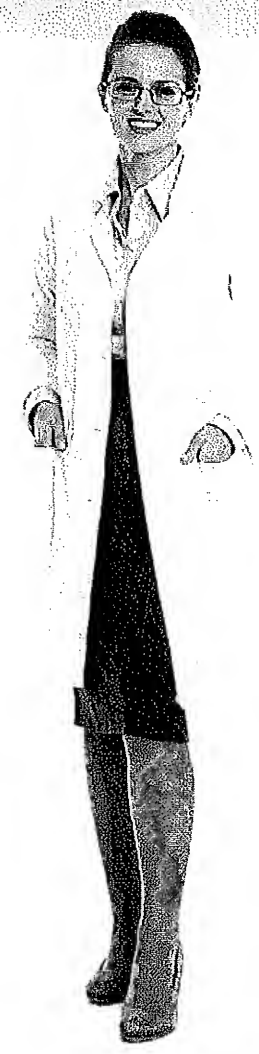
Deductible – $25 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance (cleaning) and orthodontic services.

There is a separate $1,000 lifetime maximum on dental implants.

*Delta Dental will pay up to the allowed amount or the maximum allowable charge for providers in your area. You can be balance billed by non-Delta Dental providers for any amount that exceeds the allowable amount. Network providers cannot balance bill you for the difference between their charge and Delta Dental's allowed amount.

VISION SERVICE PLAN (VSP) FOR EXEMPT EMPLOYEES

Service	In-Network	Out-Of-Network
Routine Exam/Frame/ Lens Frequency	1 every 12 months	
Routine Exam/ Professional Fees	Plan pays 100% after $10 copay.	You pay $10 copay, then plan pays maximum of $25.
FRAMES	Plan pays 100% up to $120 retail.	Plan pays maximum benefit of $18.
MATERIALS/LENSES		You pay $15 copay, then plan pays maximum benefit of:
Single Vision Lenses	Plan pays 100% after $15 copay.	$25
Bifocal Lenses		$35
Progressive Lenses		$52
Trifocal Lenses		$52
Lenticular Lenses		$62
Polycarbonate Lenses		$0
CONTACT LENSES Elective (Instead of Lenses and Frames)	Plan pays maximum of $125 plus standard eye exam.	
Medically Necessary	Plan pays 100% plus standard eye exam.	Plan pays maximum of $125 plus standard eye exam.



Life Insurance
FOR EXEMPT EMPLOYEES

Exempt Basic Life Insurance

The State of Ohio pays the cost for eligible exempt employees to participate in the basic life plan. Eligible exempt employees are automatically enrolled in the basic life plan after one year of continuous state service. The coverage includes an accidental death and dismemberment benefit for work-related injuries. This benefit – equal to your annualized rate of pay rounded to the next highest $1,000 – is provided to you at no cost.

The Internal Revenue Service (IRS) requires that employees be taxed on the value of employer-paid group life insurance coverage exceeding $50,000. This is known as "imputed income." If your annualized rate of pay (and thus your group life insurance) exceeds $50,000 per year, the tax you owe on the value of the coverage that exceeds $50,000 is reported to the IRS in Box 12 of your year-end W-2 form. The tax is based upon employee age brackets on the last day of the calendar year and increases in five-year increments as you grow older. See the imputed income rate chart below.

Beneficiary Forms

You may designate one or more beneficiaries for your basic and supplemental life benefits by visiting the Minnesota Life website at lifebenefits.com. For logon instructions, see Page 17 under Life Insurance for exempt employees. Or you may submit a beneficiary form by mail to Minnesota Life. This form is available in the forms section of the DAS Benefits Administration website, located at das.ohio.gov/HealthPlanForms. Your beneficiary elections will apply to both your basic and supplemental life insurance benefits.

IRS BASIC LIFE IMPUTED INCOME CHART
(Monthly Cost Per $1,000 of Coverage In Excess of $50,000)

AGE	COSTS
Younger than 25	$0.05
25 through 29	$0.06
30 through 34	$0.08
35 through 39	$0.09
40 through 44	$0.10
45 through 49	$0.15
50 through 54	$0.23
55 through 59	$0.43
60 through 64	$0.66
65 through 69	$1.27
70 and older	$2.06

Exempt Supplemental Life Insurance

Exempt employees are eligible to purchase supplemental life insurance coverage, provided by Minnesota Life. This coverage is entirely employee-paid, and can be purchased within 90 days of employment or upon becoming an exempt employee with no waiting period. When you enroll for coverage, you also may elect life insurance for your eligible dependents. The amount you contribute toward your supplemental and dependent life coverage is deducted from your paycheck. See Page 17 for plan contact information and initial logon credentials.

For Yourself

At Open Enrollment, if you do not already have supplemental life coverage, you may purchase up to the lesser of two times your annualized earnings or $150,000 without evidence of insurability. If you have existing coverage, you may increase coverage by up to the lesser of two times your annualized earnings or $150,000 without evidence of insurability.

The maximum amount of coverage available is the lesser of eight times your annualized earnings or $600,000. If your coverage election exceeds the non-medical limits described above, evidence of insurability will be required. Coverage above the non-medical limits will become effective once evidence of insurability is approved by Minnesota Life. Outside of open enrollment, supplemental life coverage may not be increased without a qualifying life event. If you experience a qualifying life event, you must submit your request within 31 days of the associated life event. For questions regarding a qualifying life event, call Minnesota Life. See Page 17 for contact information.

For Your Spouse

You may purchase supplemental life insurance for your spouse in $10,000 increments up to $40,000. Spousal coverage in excess of $10,000 requires your spouse to provide evidence of insurability.

For Your Dependent Children

You may purchase $7,000 of life coverage for each of your eligible dependent children younger than age 26 at a rate of $0.82 cents per month, regardless of how many children you cover. You are responsible for dropping your dependent's coverage when your child reaches age 26.

Cancelling or Reducing Coverage

You may cancel or reduce your employee or dependent supplemental life insurance coverage at any time throughout the year by submitting a written request to Minnesota Life. Coverage will be cancelled or reduced effective the first of the month after your request is received and processed by Minnesota Life. Once coverage is cancelled or reduced for either yourself and/or your dependents, evidence of insurability will be required for any future enrollment for supplemental life coverage, including during open enrollment and qualifying life events. You may be required to submit medical documentation and your coverage election may be approved or rejected by Minnesota Life based upon medical underwriting results.

Health and Other Benefits Contacts

ALL EMPLOYEES

Medical
Aetna
800-949-3104
aetnastateohioemployee.com
Group Number: 285507

Anthem
844-891-8359
enrollment.anthem.com/stateofohio
Group Number: 004007521

Medical Mutual of Ohio
800-822-1152
stateofohio.medmutual.com
Group Number: 228000

Prescription Drug
OptumRx (formerly Catamaran)
866-854-8850
OptumRx.com
Rx Group Number: STOH

Behavioral Health and Substance Use
Optum Behavioral Solutions
800-852-1091
liveandworkwell.com
Website Access Code: 00832

Ohio Employee Assistance Program
800-221-6327
ohio.gov/eap

Take Charge! Live Well!
Healthways
866-556-2288
ohio.gov/tclw
Click the Healthways website button.

24-Hour Nurse Advice Line
Healthways
866-556-2288, Option 1

Flexible Spending Accounts and Commuter Choice
WageWorks
855-428-0446
wageworks.com

EXEMPT EMPLOYEES ONLY

Dental
Delta Dental of Ohio
800-524-0149
deltadentaloh.com
Delta Dental PPO
Group Number: 9273-0001

Vision
Vision Service Plan (VSP)
800-877-7195
vsp.com
Group Number: 12022518

Life Insurance
Basic Life Insurance and Supplemental Life Insurance
Minnesota Life
866-293-6047
lifebenefits.com
Group Number: 34301
Initial logon credentials for life insurance: The initial user ID is "**OH**" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security Number.

UNION-REPRESENTED EMPLOYEES ONLY

Union Benefits Trust
614-508-2255
800-228-5088
benefitstrust.org

The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.

Dental
Delta Dental of Ohio
877-334-5008
Group Number: 1009

Vision
Vision Service Plan (VSP)
800-877-7195
Group Number: 12022914

EyeMed Vision Care
866-723-0514
Group Number: 9674813

Life Insurance
Prudential Life Insurance
800-778-3827
Group Number: LG-01049

Work/Life Program
Working Solutions Program
800-358-8515
Group Number: 4718

Legal Services
Hyatt Legal Services
800-821-6400
Group Number: 4900010

UNION BENEFITS TRUST

TIP:
When placing your calls, please ensure you have the documentation you might need during the call:

- Group Number
- State of Ohio User ID
- Explanation of Benefits if call is regarding a claim.

Ohio Department of Administrative Services
HR Customer Service
614-466-8857 (option 2) / 800-409-1205 (option 2)
HRCustomerService@das.ohio.gov
das.ohio.gov/benefits

Legal Notices

State of Ohio
Employee Health Plans
30 E. Broad St., 27th Floor
Columbus, Ohio 43215

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the privacy practices of the State of Ohio's self-funded medical plans, prescription drug plan, behavioral health plan, population health management plan, dental plans, vision plans, health care spending account, (but not dependent care flexible spending account) which are administered by the State of Ohio, Department of Administrative Services, Office of Benefits Administration Services (collectively "the Plan"). The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information (PHI), and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information and to abide by the terms of the notice currently in effect.

Position on Privacy

The Plan is committed to maintaining the privacy of its enrolled persons. As part of your participation in the health plans, the Plan and its business associates (whom we use to administer and deliver health care services) receive health information through the operation and administration of the plans. PHI refers to any information, transmitted or maintained in any form or medium, which the Plan creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services that identifies you or could reasonably be used to identify you. PHI and other Plan records are maintained in compliance with applicable State and federal laws.

If you have questions about this notice, please contact the Plan's HIPAA Privacy Contact listed on Page 20.

How the Plan May Use or Disclose Your Protected Health Information

The Plan may only use or disclose your medical information as described in this notice. Not every authorized use or disclosure in each category is listed, however all permitted uses and disclosures fall into one of these general categories.

1. Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations

For Treatment. The Plan may make requests, uses, and disclosures of your PHI as necessary for treatment purposes. For example, the Plan may make disclosures to your health plan regarding eligibility, or make disclosures to health care professionals involved in your care.

For Payment. The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, the Plan may use information regarding your medical procedures and treatment so the third party administrator can process and pay claims. The Plan may also disclose your PHI for the payment purposes of a health care provider or a health plan.

For Health Care Operations Purposes. The Plan may use and disclose your PHI as necessary for health care operations. For example, Health Care Operations include, but are not limited to, use and disclosures: by health plan of PHI to the Plan for administration of the health plans; for quality assessment of the plans through the distribution and analysis of satisfaction surveys; in connection with the performance of disease management functions; and for general administrative activities, including customer service, cost management, data management, communications, claims and operational audits, and legal services. In addition, a health plan may send you information based on your own health information to inform you of possible treatment options or alternatives that may be available to you. The Plan may also combine your health information with that of other enrolled persons to evaluate the coverage provided and the quality of care received.

2. Other Uses and Disclosures of PHI for Which Your Authorization is Not Required

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

A. **As Required By Law.** The Plan may disclose your PHI when required by federal, state or local law.

B. **Family and Individuals Involved in Your Care.** The Plan may disclose medical information about you to a family member or friend who is involved in your medical care. The Plan may request that your family members verify their identity and demonstrate they are acting on your behalf.

C. **To Avert a Serious Threat to Health or Safety.** The Plan may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.

D. **Public Health Activities.** The Plan may use and disclose medical information about you for public health activities including activities related to preventing and controlling disease or, when required by law, to notify public authorities concerning cases of use or neglect.

E. **Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose medical information to a government authority, including a social service or protective agency if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence.

F. **Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for oversight activities authorized by law, such as: overall health care system monitoring, monitoring the conduct of government programs, and monitoring to ensure compliance with civil rights laws.

G. **Lawsuits/Legal Disputes.** The Plan may use and disclose medical information about you in the course of an

administrative or judicial proceeding, such as in response to a subpoena, discovery request, warrant, or a lawful court order.

H. **Law Enforcement Purposes.** The Plan may disclose medical information to law enforcement officials for law enforcement purposes including investigation of a crime or to identify or locate a suspect, fugitive, material witness or missing person.

I. **Specialized Government Functions.** The Plan may disclose medical information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities authorized by law.

J. **Military.** If you are a member of the armed forces, the Plan may disclose medical information about you as required by military command authorities.

K. **Organ, Eye and Tissue Donation.** If you are an organ donor, the Plan may disclose information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

L. **Workers' Compensation.** The Plan may disclose medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

M. **Coroners, Medical Examiners, and Funeral Directors.** The Plan may disclose medical information to a coroner or medical examiner to, for example, identify a deceased person or determine the cause of death. The Plan may also disclose medical information about patients to funeral directors as necessary to carry out their duties.

N. **Business Associates.** The State contracts with parties who provide necessary services for the operation of its plans. For example, the Plan is assisted in its operations by third party administrators. These persons who assist the Plan are called business associates. At times, the Plan may use and disclose PHI so they can provide services. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.

O. **Disclosure to You.** The Plan may disclose your medical information to you.

3. Other Uses and Disclosures of PHI Requiring Your Written Authorization

In all situations other than those described previously, the Plan will ask for your written authorization before using or disclosing your PHI. For example, (except as required or permitted by law), the Plan will not use or disclose psychotherapy notes or sell your medical information without obtaining your prior written authorization. If you have provided authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

4. Changes to Existing Laws

Certain provisions of Ohio law may impose greater restrictions on uses and/or disclosures of PHI, or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this notice, the Plan must comply with those provisions.

Your Legal Rights

Federal privacy regulations provide you the following rights associated with your medical information:

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received.) **The Plan is not required to agree to your request.** To request restrictions on the use or disclosure of your PHI, you must make your request in writing to the Plan's HIPAA Privacy Contact listed below. In your request, you must explain: (1) what PHI you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and, (3) to whom you want the limits to apply (for example, your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number or address. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Contact listed below. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. After the Plan receives your request, the information may be forwarded to your health plan. As a result, additional reasonable information may be required from you by your plan to process the request.

Right to Inspect and Copy Your Information. You have the right, in most cases, to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed below. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other unusual supplies associated with your request. Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Request an Amendment. If you feel that medical information about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted the Plan's HIPAA Privacy Contact listed below. You must provide reasons that support your request. If the Plan denies your request for any reason under state or federal law, the Plan will

permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures the Plan has made of medical information about you. This accounting will not include many routine disclosures including, but not limited to, those made to you or pursuant to your authorization, those made for treatment, payment and operations purposes as discussed above, those made for national security and intelligence purposes, and those made to law enforcement in compliance with law.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed below. Your request must state the time period that may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice even if you have received it electronically. You may make your request to the Plan's HIPAA Privacy Contact below.

Right to Breach Notification. You have the right to notification if a breach of your unsecured PHI has occurred.

This Notice Is Subject To Change

The Plan reserves the right to change the terms of this notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan has about you as well as any information it may hold about you in the future, and will be posted at das.ohio.gov and may be provided by mail if required. If you want to ensure you have the latest version of this notice, you may contact the Plan's HIPAA Privacy Contact listed below.

Whom to Contact

If you believe your privacy rights have been violated, you may file a complaint with the Plan's HIPAA Privacy Contact listed below or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary of US Department of Health and Human Services, contact the

Office of Civil Rights
US Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601.

Complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions regarding this Notice may be directed to the Plan's HIPAA Privacy Contact:

DAS -- HIPAA Privacy Contact
30 E. Broad St., 27th Floor
Columbus, Ohio 43215
614-466-6205; email: gregory.pawlack@das.ohio.gov

NOTICE OF RIGHT TO ELECT COBRA CONTINUATION COVERAGE

What is COBRA Continuation Coverage?

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. You, your spouse and dependent children, if any, should all take the time to read the entire notice carefully.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

**If a covered child of the employee is enrolled in the plan pursuant to a qualified medical child support order (QMCSO) during the employee's period of employment, he or she is entitled to the same rights under COBRA as if he or she were the employee's dependent.*

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's is becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability: The 18 months may be extended to 29 months if a qualified beneficiary is determined by the Social Security Administration to be disabled (for Social Security disability purposes) at any time during the first 60 days of COBRA coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment.

To benefit from this extension, a qualified beneficiary must notify the Plan Administrator or designated Plan Service Provider of the disability determination on or before 60 days from the COBRA start date, and before the end of the original 18-month period. If you do not notify the Plan Administrator or the designated Plan Service Provider within the required period of time, you may lose your right to the extension.

The affected individual must also notify the Plan Administrator or designated Plan Service Provider within 30 days of any final disability determination that the individual is no longer disabled. Coverage will end on the first of the month, following at least 30 days after the date of the Social Security final disability determination letter.

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Your Election Rights: When the Plan Administrator or designated Plan Service Provider is notified that one of these events has happened, they will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage (because of one of the events described above) to inform the Plan Administrator or the designated Plan Service Provider that you want continuation coverage. If you do not choose continuation coverage in a timely manner, your group health insurance coverage will end.

Coverage Rights: If you choose continuation coverage, the Plan is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. Each covered person will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA

continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

Maximum Period of Coverage: The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment (for reasons other than gross misconduct) or reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as a death, divorce, legal separation, or Medicare entitlement) occur during that 18-month period. In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage.

California State Residence: Under California law, you may be eligible for a State mandated extension of benefits after your federally mandated COBRA period expires. California State laws allow an extension of COBRA benefits to a total of 36 months from the date of your qualifying event to Qualified Beneficiaries who begin COBRA coverage on or after January 1, 2003. You will be notified of this extension at the conclusion of your original COBRA coverage.

Flexible Spending Account or Medical Reimbursement Account: If you are participating in the company's Flexible Spending Account or Medical Reimbursement Account at the time of your termination or reduction of hours, you may also have the right to continue participation under COBRA based on the following parameters:

1. You will be allowed to continue coverage for the remainder of the current plan year if you have a balance remaining in your account at the time of your termination or reduction in hours;
2. You will not be able to receive reimbursements in excess of your original election amount in the account; and
3. You make monthly payments in the same amount as your regular payroll deductions while you were an active employee.

Adding Dependents to COBRA Coverage: A child who is born to or adopted by the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator or designated Plan Service Provider of the birth or adoption.

Expiration of COBRA Coverage: The law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The state no longer provides group health coverage to any of its employees;
2. The premium for continuation coverage is not paid on time;
3. The qualified beneficiary becomes covered - after the date he or she elects COBRA coverage - under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have;
4. The qualified beneficiary becomes entitled to Medicare after the date he or she elects COBRA coverage;
5. The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

Limits to Pre-Existing Conditions: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRA's other coverage cut-off rule with these new limits as follows:

- If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Plan may terminate your COBRA coverage.
- You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Insurance Premiums: Under the law, you may have to pay all or part of the premium for your continuation coverage. You may also be required to pay a 2% administration fee above the cost of the premiums. If you are disabled, you may be required to pay 150% of the premium during the 11-month extension period.

Grace Period: There is a grace period of 30 days for payment of the regularly scheduled premium.

Conversion Coverage: At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be allowed to enroll in an individual conversion health plan provided a conversion health plan is available to active employees. Please read your health plan benefits booklet or Summary Plan Description regarding any option for conversion coverage after the expiration of COBRA coverage. If there is an option for conversion to an individual policy, follow the instructions provided to apply for the coverage, as it would be separate coverage, and would not simply be an extension of COBRA coverage.

If You Have Questions

This notice does not fully describe continuation coverage or other rights under the Plan. More complete information regarding such rights is available from the plan contact identified below and throughout the summary plan description. Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under Employee Retirement Income

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Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (PPACA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

COBRA contact information

If you have any questions about your rights to COBRA continuation coverage, you should contact:

UnitedHealthcare
P.O. Box 221709
Louisville, KY 40252

Customer Care Center
Toll Free: (877) 237-8576
email : cobra_kyoperations@uhc.com
www.uhcservices.com

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance or group health plan coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of such an event.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at 312-353-0900.

If you have questions about this notice, please contact your Plan Administrator listed below:

State of Ohio
Department of Administrative Services
Benefits Administration Services
Medical Plan Benefits Manager

30 E. Broad St., 27th Floor
Columbus, Ohio 43215
(800) 409-1205 (option 2)

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998: NOTICE OF RIGHTS

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The terms of WHCRA provide:

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

1. all stages of reconstruction of the breast on which the mastectomy has been performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. prostheses and physical complications of all stages of mastectomy, including lymphedemas;

in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

If you have any questions about the State of Ohio's plans provisions relating to the Women's Health and Breast Cancer Rights Act of 1998, contact HR Customer Service at 614-466-8857 (option 2) or 800-409-1205 (option 2).

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under the provisions of The Women's and Newborns' Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal

law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PATIENT PROTECTION

The Ohio Med PPO generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please see the contact numbers for Aetna, Anthem and Medical Mutual below.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, Anthem or Medical Mutual or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna, 800-949-3104; Anthem, 844-891-8359; or Medical Mutual, 800-822-1152.

CREDITABLE COVERAGE DISCLOSURE:

Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current State Of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to: das.ohio.gov/prescriptiondrug for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during Open Enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current subscription prescription drug coverage...

Contact the person listed below for further information at 800-409-1205 (option 2).

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and

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if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit: medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at: socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

July 1, 2016

State of Ohio
Ohio Department of Administrative Services
Benefits Administration Services
Prescription Drug Benefits Manager
30 E. Broad St., 27th Floor
Columbus, OH 43215
800-409-1205 (option 2)

Glossary

When reviewing information about your health care coverage options, it is helpful to understand some of the basic terms and concepts.

Benefit Year/Plan Year: The 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

Biometric Screening: A private screening with a health professional that provides a snapshot of your health. The screening includes cholesterol (total), HDL, LDL, blood glucose, blood pressure, height, weight and waist circumference.

Change in Status/Qualifying Event: A change in your life that allows you to enroll or make an adjustment to your existing coverage. Examples include marriage, divorce, birth of a child or a change in job status for you or a dependent.

Coinsurance: The percentage of eligible expenses that the health care plan pays after the annual deductible is met. For example, an 80 percent coinsurance rate means you pay 20 percent and the plan pays 80 percent.

Copay: A specified dollar amount you pay to a health care provider or pharmacy for eligible expenses such as office visits and prescriptions. Copays do not count toward your annual deductible.

Covered Person: The employee, the employee's spouse and/or dependent children who are eligible and enrolled under your health care plan.

Covered Services: Those services and supplies provided for the purpose of preventing, diagnosing or treating a medical condition, behavioral disorder, psychological injury or substance use addiction for which the plan will provide benefits.

Deductible: The amount you pay for eligible expenses each plan year before the plan begins to pay anything. This does not apply to preventive services covered at 100 percent.

Eligible Expense: The maximum amount on which payment is based for covered health care services. You may be required to pay a percentage of Eligible Expenses in the form of Coinsurance.

Employee Share or Contribution: The portion of the total premium that you pay through pre-tax payroll deductions for your coverage.

Exempt Employee: An appointment to a position not represented by a labor union. Employees are usually exempt from union representation because they are supervisors, in positions of a confidential or fiduciary nature or not in permanent appointments.

Flexible Spending Accounts (FSA): A type of savings account that provides the account holder with specific tax advantages. The account allows employees to contribute a portion of his or her regular earnings to pay for qualified expenses, such as for medical or dependent care. The two types of FSAs are health care spending accounts and dependent care spending accounts.

Out-of-pocket Maximum: The cap or maximum amount you pay for eligible out-of-pocket health care expenses during the plan year. After your out-of-pocket expenses reach the maximum, the plan pays 100 percent of any additional eligible expenses for the remainder of the plan year. There is a separate out-of-pocket maximum for prescription drugs.

Patient Protection and Affordable Care Act (also known as the Affordable Care Act or PPACA or simply ACA): The health reform legislation passed by Congress and signed into law in March 2010 by the president of the United States.

Preferred Provider Organization (PPO): A PPO is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the benefit is greater when you use network providers, but less when you use providers who are not part of the network.

State Share or Contribution: The portion of the total premium the State of Ohio pays to provide its employees with coverage.

Summary of Benefits and Coverage (SBC): A requirement of the Patient Protection and Affordable Care Act, the SBC is a concise four-page document that details simple and consistent information about health plan benefits and coverage. It will help you understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For full details, visit das.ohio.gov/benefits. The SBC is listed along the right navigation pane under the Publications and Notices section.

Third-Party Administrator (TPA): An organization or company that processes claims and other aspects of employee benefits plans on behalf of an employer. For example, Aetna, Anthem and Medical Mutual will be the third-party administrators of the Ohio Med PPO beginning July 1, 2016.

Total Premium: The combination of the employee contribution and the state contribution.

Union-Represented Employee: Also known as a Bargaining Unit Employee, is represented by a labor union and covered by the terms of a collective bargaining agreement.

Well-Being 5 Survey: A confidential questionnaire that assesses your physical, emotional, financial and social health and how your lifestyle habits affect your overall well-being.

Well-Being Plan: A personalized summary of your overall well-being that offers personalized steps and recommendations.

Save the Dates

2016

May
- Open Enrollment begins May 2
- Open Enrollment ends May 13

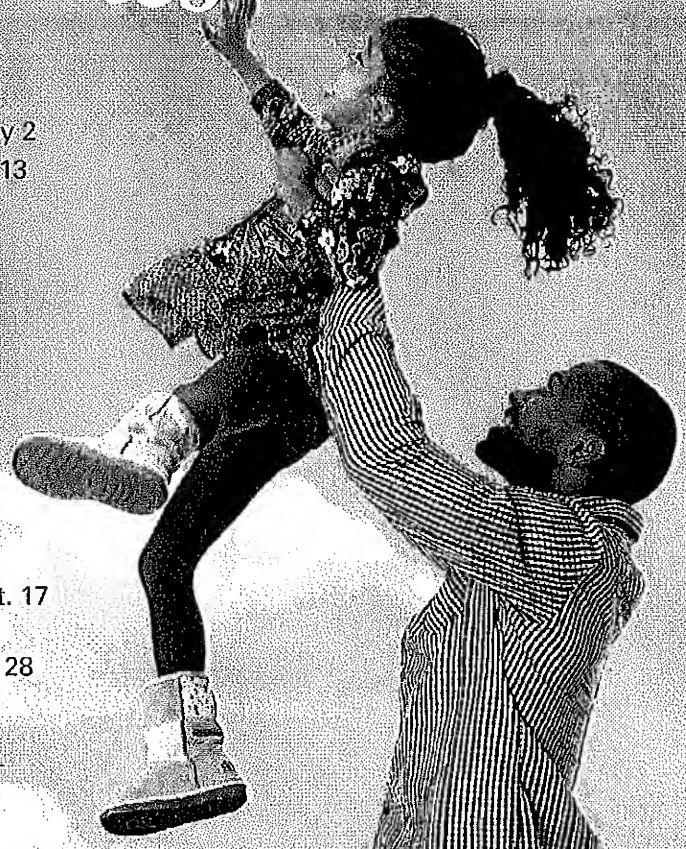
June
- "Training Camp" Fitness Challenge ends June 12
- Benefit year ends June 30

July
- New benefit year begins July 1

October
- Flexible Spending Accounts Open Enrollment begins Oct. 17
- Flexible Spending Accounts Open Enrollment ends Oct. 28

November
- Great American Smokeout – Nov. 17

December
- Use your remaining Flexible Spending Accounts money by Dec. 31



2017

January
- New Flexible Spending Accounts plan year begins Jan. 1

February
- National Wear Red Day – Feb. 3

March
- 2016 Flexible Spending Accounts claims deadline – March 31

OhioDAS
SERVICE · SUPPORT · SOLUTIONS
DEPARTMENT OF ADMINISTRATIVE SERVICES

Ohio Department of Administrative Services
Human Resources Division
30 E. Broad St., 28th Floor
Columbus, Ohio 43215

2016 OPEN ENROLLMENT MAY 2-13

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES + THE JOINT HEALTH CARE COMMITTEE

OPEN ENROLLMENT 2016

MAY 2 THROUGH MAY 15, 2016

(EFFECTIVE JULY 1, 2016 THROUGH JUNE 30, 2017)

OHIO MED PPO PLAN

- Three administrators will manage the Ohio Med PPO plan
  - Aetna (AT)
  - Anthem (AM)
  - Medical Mutual (A1)
  - The rate will be the same for all administrators
  - Employees will automatically be assigned to the correct administrator
  - All employees will receive new ID cards

IMPORTANT ADMINISTRATOR HIGHLIGHTS

- Employee contributions- 'Family w/Spouse', 'Family w/o Spouse', and 'Single' rates will be the same with all administrators

- Major benefit levels- Co-pays, deductibles, and out-of-pocket maximums will be the same with all administrators

MEDICAL RATES

- Rates are increasing

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS[1]			FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS[1]		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	$40.90	$230.68	$271.58	$88.62	$499.83	$588.45
Family Minus Spouse	$111.92	$633.12	$745.04	$242.49	$1,371.75	$1,614.24
Family Plus Spouse[2]	$117.69	$633.12	$750.81	$254.99	$1,371.75	$1,626.74

[1] These rates represent the total amount that will be deducted from your paycheck.

[2] Family Plus Spouse rates above include a charge of $12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

	PART-TIME BIWEEKLY DEDUCTIONS[1] 50% TIER			PART-TIME BIWEEKLY DEDUCTIONS[1] 0% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	$135.79	$135.79	$271.58	$271.58	$0.00	$271.58
Family Minus Spouse	$372.52	$372.52	$745.04	$745.04	$0.00	$745.04
Family Plus Spouse[2]	$378.29	$372.52	$750.81	$750.81	$0.00	$750.81

[1] These rates represent the total amount that will be deducted from your paycheck.

[2] Family Plus Spouse rates above include a charge of $12.50 per month to cover a spouse.

DEPENDENT ELIGIBILITY

- Dependents may receive medical coverage up to age 26
  - No student requirements
  - Dependents may be married
  - No financial or residency requirements for step children
- HB1 dependents are no longer eligible for medical coverage

OPTUM RX PRESCRIPTION COVERAGE

- ID Cards
  - All employees will receive new prescription cards from OptumRx
- Specialty medications
  - Specialty medications for serious medical conditions must be obtained from Briova Specialty Pharmacy.
- Preventative medications
  - Certain preventative medications are required to be covered at no charge. All of these require a prescription and may have certain quantity and/or age restrictions.

BEHAVIORAL HEALTH

- Coverage is administered by Optum Behavioral Solutions
  - The plan provides 24-hours-a-day, seven-days-a-week phone assessment and referral services.

- All employees and dependents enrolled in the state's medical plan are eligible for behavioral health coverage
  - Participants can visit any provider, but will pay more for out-of-network providers and facilities.

DENTAL AND VISION

- Only one dental and vision plan offered
  - Delta Dental PPO
  - Vision Service Plan (VSP)

- Dependent eligibility for dental and vision coverage is NOT the same as medical
  - Dependent children are eligible up to age 23
  - Student certification is required

- You do not have to be enrolled in medical coverage to enroll in dental and vision coverage

TAKE CHARGE! LIVE WELL!

- Wellness program
  - Well-being assessment
  - Biometric screening
- Assistance programs
  - Weight loss management
  - Tobacco management
  - Diabetes management

SUPPLEMENTAL LIFE INSURANCE

- You can purchase coverage during the open enrollment period to supplement the basic life insurance coverage the state provides.

- Supplemental life insurance is administered by Minnesota Life Insurance Company and may be purchased through payroll deduction.

- Dependents may be covered until their 26th birthday.

OPEN ENROLLMENT WEBSITE

- DAS has provided detailed information on their website for the 2016 Open Enrollment. Please click on the link below to access the site:

http://www.das.ohio.gov/OpenEnrollment

QUESTIONS?

- If you have additional questions regarding your benefits, contact Jason Parsons at 466-4308.

Alexander, Steven

From: Parsons, Jason
Sent: Friday, April 29, 2016 8:05 AM
To: Parsons, Jason
Subject: Open Enrollment 2016! Important Changes to Health Care
Attachments: 2016-2017 Pathways Open Enrollment.pdf; Open Enrollment 2016.ppsx

Importance: High

Please read the information listed below, along with the attached power point, as they outline significant changes for the upcoming benefit year!

Open Enrollment 2016 will take place May 2 through May 13, 2016. All changes made during open enrollment will take effect July 1, 2016 and remain effective through June 30, 2017.

Medical Coverage

- **Third Party Administrators**
  - There will be three third-party administrators (TPA) of the Ohio Med PPO- Aetna, Anthem and Medical Mutual.
    - United Healthcare will no longer administer the Ohio Med PPO plan.
  - Employees will be assigned an administrator based upon their home zip code.
    - The new zip code chart can be found on page 7 of the attached Pathways to Open Enrollment.
  - Employees will automatically be assigned to the new TPA. No action is necessary; new ID cards will be received prior to July 1, 2016.

- **HB 1 Dependents**
  - Dependents over the age of 26 are no longer eligible for State of Ohio medical benefits.

- **Rates**
  - The rates are increasing after two years of little to no increase.
  - Specific rates can be found on page 9 of the attached Pathways to Open Enrollment.

Prescription Coverage

- OptumRx (formerly Catamaran Rx) will provide prescription drug coverage.
- All employees will receive new ID cards prior to July 1, 2016.
- No action is necessary.

Below is the link to the DAS website for open enrollment:

http://www.das.ohio.gov/OpenEnrollment

IF YOU DO NOT HAVE A CHANGE IN STATUS OR DEPENDENTS, YOU DO NOT NEED TO DO ANYTHING DURING OPEN ENROLLMENT.

If you prefer to review a hard copy of the Pathways to Open Enrollment, there are copies available in the 12th floor administrative office. Feel free to contact me regarding any questions or concerns with the 2016 Open Enrollment.

Jason Parsons
Payroll & Benefits Officer
Ohio House of Representatives
(614) 466-2114